



Administration of Authorised Medication Record



Team

Nominated Supervisor's Name: _____

Date: _____

Nominated Supervisor's Signature: _____

Child's full name _____

FORM DECLARATION

By signing this Administration of Medication Record, I declare that this Record has been completed with consideration of the child's Medical Management Plan and Medical Management Risk Management Plan as well as the advice of parents and the child's medical practitioner.

Details of any instructions attached to the medication are attached together with any verbal or written instructions from the child's registered medical practitioner.

Name of Person Completing Form _____

Signature _____

Time and Date _____

AUTHORISED CONSENT

The individual, or individuals, listed below consent to the **administration** of medication to their child listed on the Administration of Medication Record below.

Parent's Full Name _____

Signature _____

Time and Date _____

OR

(Authorised Person Must be listed on the child's Enrolment Form)

Authorised Person's Full Name _____

Signature _____

Time and Date _____



Short Term Administration of Authorised Medication by the Service

A separate form is required for each medication.

Child's full name: _____ Date _____

Full of Name of Medication	Expiry or Use-By Date	Circumstances for Administration	Dosage Required	Administration Instructions
<ul style="list-style-type: none"> o Original Container o Original Label o Child's Name Clearly on Label 				

Any Additional Instructions (if necessary)

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Storage Instructions including Location of Storage

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Time and Date Medication Last Administered	Time and Date Medication Administered	Dosage Administered	Name and Signature of person who Administered the Medication	Time and Date (or the circumstances under which) Medication to be Next Administered

Name and Signature of Witness	Time and Date Process Witnessed	Was the Identity of the Child Checked	Was the Dosage of the Medication Checked
		<ul style="list-style-type: none"> o Yes o No 	<ul style="list-style-type: none"> o Yes o No

Administration of Authorised Medication Policy