Medication Permission Form

In the interest of children's safety and wellbeing, the education and care service will only administer medication if it is in its original container with the dispensing label attached. The label should list the child as the prescribed person, the strength of the drug and the frequency it is to be given. This applies to all medications, regardless of whether they are non-prescription medications (such as teething gels, nappy creams) or prescription medications.

Child's Full Name:_____ DOB:_____

Medical Practioner /Pharmacist: _____

Name of Medication _____

Date Prescribed :_____ Expiry Date:_____

Reason For Medication: _____

Storage Requirements: _____

Time and Date of last dose given:_____

I request that the above medication be given in accordance with the instructions below. Please enter the date, doseage and time to be given in the table, and list any detailed instructions in the space below, including route(eg oral, inhaler), and before and after food etc

INSTRUCTIONS:

Date	Doseage	Manner Eg - oral, inhaler etc	Time Tobe given	Time actually given	Signature of Staff administering Medications	Signature of Staff Cross-checking Mediaction	Comments