Note: Form must be completed in full by Parent/Guardian or staff cannot administer!
Only ONE Medication allowed per form!

Administration of Prescription & Non-Prescription Medication

Parent/Guardian Consent & Instruction

Name of Child: _____ Child's Date of Birth: _____
(DD-MM-YY)

Name of Medication: _____ Expiry Date of Medication: _____
(DD-MM-YY)

Dosage: _____tsp OR ml Time/s to be Administered:_____

Last day and time child received this medication other than Day Care:_____

Date Medication to Start: _____ Date Medication to End: _____
(DD-MM-YY) (DD-MM-YY)

Additional Instructions: _____

_____

Reason/justification for administering medication: _____

_____

_____

PARENT APPROVAL: I request that, and give permission for the staff to administer medication to my child, according to the procedures outlined and following the above detailed instructions.

_____ _____ _____
Parent Signature Parent Name Date

Location where medication is kept on site:_____

*Please note that if staff notice any "issues" like outdated medications, conflict of information (label dosage different from parent instruction) or any other oddity, medication will not be administered.

Teachers remember to always post in daily journals as well.

Date DD-MM-YY	Time Given	Dosage Given	Staff Administering		Staff Witnessing	
			Name	Signature	Name	Signature