



LONG TERM AUTHORITY TO GIVE MEDICATION FORM

NOTE:

- Medication must be given directly to a staff member and not left in the child's bag or locker.
- If dosage is to be repeated for long term treatment a letter from a medical practitioner must accompany this form
- Medication will only be given if the medication is prescribed by a registered medical practitioner, complete with its original label in its original container bearing the name of child intended for and instructions for use.

- I give permission for the educators at Larool Pre-school to administer the medication as listed below to my child for the duration of the term.
 Term 1 Term 2 Term 3 Term 4
- I have provided a letter from a medical practitioner including the name of the medication, stating the reason/s for the medication, the expected duration, directions for use and any possible long term side effects of the medication.

Child's Name: _____ Parent/Guardian Name: _____ Signed: _____ Date: _____

Date/s Eg 31/1/17- 5/4/17	Name of Medication	Expiry Date	Time or circumstance to be given	Dose required (quantity/ amount)	Method of administration eg eye dropper, spacer, measuring device

Date	Dose given (quantity/ amount)	Method	Time given	Name and signature of person who administered		Witness name and signature (must check dose/identity of the child/ details on label)	
				<u>Name</u>	<u>Sign</u>	<u>Name</u>	<u>Sign</u>
				<u>Name</u>	<u>Sign</u>	<u>Name</u>	<u>Sign</u>
				<u>Name</u>	<u>Sign</u>	<u>Name</u>	<u>Sign</u>
				<u>Name</u>	<u>Sign</u>	<u>Name</u>	<u>Sign</u>
				<u>Name</u>	<u>Sign</u>	<u>Name</u>	<u>Sign</u>
				<u>Name</u>	<u>Sign</u>	<u>Name</u>	<u>Sign</u>
				<u>Name</u>	<u>Sign</u>	<u>Name</u>	<u>Sign</u>
				<u>Name</u>	<u>Sign</u>	<u>Name</u>	<u>Sign</u>
				<u>Name</u>	<u>Sign</u>	<u>Name</u>	<u>Sign</u>

