

# 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 or action plan 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 or listed on the child's action plan. Non prescribed medication will be given as directed on the child's individual action plan.

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 or an individual action plan 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.

<b>Child's Name:</b>		<b>DOB:</b>		<b>Comments:</b>	
<b>Parent/Guardian Name:</b>		<b>Sign:</b>		<b>Date:</b>	

Date/s <small>eg 31/1/19 to 12/4/19</small>	Name of Medication	Expiry Date	Time or circumstance to be given	Dose required <small>(quantity/ amount)</small>	Method of administration <small>eg eye dropper, spacer, measuring device</small>

**Fill in when medication is administered**

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

