

# AUTHORITY TO GIVE SHORT-TERM 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 within a week (Mon to Fri) parent/guardian must fill in sections indicated as Day 1, Day 2 etc.
- A new form should be completed for each week the dosing continues.
- 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 as instructed on a 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

Child's Full Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Date	Name of Medication	Expiry Date	Time or circumstance to be given	Dose required (quantity/amount)	Method of administration eg eye dropper, spacer, measuring device	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)
<b>DAY 1</b> Medication dose last given - Date: _____ Time: _____ Dosage: _____										
									Name	Name
									Sign	Sign
									Name	Name
									Sign	Sign
<b>DAY 2</b> Medication dose last given - Date: _____ Time: _____ Dosage: _____										
									Name	Name
									Sign	Sign
									Name	Name
									Sign	Sign
<b>DAY 3</b> Medication dose last given - Date: _____ Time: _____ Dosage: _____										
									Name	Name
									Sign	Sign
									Name	Name
									Sign	Sign

**OFFICE USE ONLY**  
 Checked as medication fully administered: \_\_\_\_\_ (Director Signature) Dated: \_\_\_\_\_ Processed & ready for filing: \_\_\_\_\_ (initial) Dated: \_\_\_\_\_