



# Medication Authorisation

Child's Full Name \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for giving of Medication: \_\_\_\_\_

Has there been a known allergic reaction to Medication? Yes / No

If yes, please detail: \_\_\_\_\_

The manner in which medication was administered e.g. puffer/orally: \_\_\_\_\_

When the Medication was last administered? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM or PM

Time Medication is to be given next? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM or PM

Before Food       With Food       After Food

Dose to be given: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Doctors Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby acknowledge that the staff of Sesame Lane Childcare Centres, are not authorised to administer any medication to my child unless a written authorisation is provided by me on the prescribed form to the centre and unless written instructions as to the administration are given in the authority.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

## Staff to Complete

1. Is the form complete and signed by the responsible parent? Yes / No
2. Is the Medication prescribed by a Doctor? Yes / No
3. Is the Medication in original container, clearly labelled with pharmacist label, with all details listed clearly? Yes / No
4. Is the Medication current? Yes / No

### To be completed by staff giving Medication:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am / pm

Appearance of Child: \_\_\_\_\_

Dose: \_\_\_\_\_

Manner in which the medication was administered: \_\_\_\_\_

Witness Sign: \_\_\_\_\_ Witness Name: \_\_\_\_\_

Staff giving med sign: \_\_\_\_\_ Staff Name: \_\_\_\_\_

Parent Sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am / pm