



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