

ADMINISTRATION OF MEDICATION RECORD

Authorisation of Consent

By signing this *Administration of Medication Record*, I provide authorisation for educators to administer the prescribed medication in accordance with the *Administration of Medication Policy and procedure*. I declare that this medication record has been completed in conjunction with the child’s Medical Management Plan, ASCIA Asthma Plan (if applicable).

- Please understand that medication will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered.
- Medication **MUST** be in the original container with the dispensing label attached, bearing instructions for use, including the child’s name (if prescribed by medical practitioner)
- A separate form must be completed for each medication if more than one is required
- Parents/Guardians are encouraged to initial medication record to acknowledgement time and date medication was administered.

(See Enrolment Form for detailed authorisation to administer medication. Authorisation must be provided by a parent or a person named in the child’s enrolment record as authorised to consent to administration of medication.)

CHILD’S DETAILS	
Child’s full name <i>(must appear as on medication)</i>	
Date of birth	

Administration of medication form is valid from	/ /	to	/ /
Parent/guardian signature			
Date			

MEDICATION DETAILS	
Name of medication <i>(as shown on packaging)</i>	
Medical practitioner prescribing medication	
Expiry date /Use by date	
Reason for medication to be administered	
Storage instructions for medication	

ADMINISTRATION OF MEDICATION DETAILS

Child's name		Date of birth	
Name of medication			

PARENT TO COMPLETE								
Medication last administered		Medication to be administered		Dosage of medication to be administered	Method of administration	Parent/Carer name	Parent/Carer signature	Comments
Time	Date	Time	Date					

EDUCATOR TO COMPLETE WHEN ADMINISTERING MEDICATION								
Medication Administered		Dosage of medication	Method of administration	Name of person administering medication	Signature	Name of person witnessing administration	Signature	Parent initial
Time	Date							

Comments	Date	Parent Signature