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| **ADMINISTRATION OF MEDICATION - PARENT APPROVAL** |

A separate Approval Form will be filled out for each medication

*I / We accept that the Centre does not have a trained medical officer to administer medications.*

*I / We accept responsibility for the decision to give this medication to my/our child, and acknowledge the Centre is in no way responsible for that decision.*

*I / We indemnify the below-named Centre and personnel against any costs, claims, damages, actions or liabilities which might arise now or in the future from administering or failing to administer the medication at my/our request.*

*I / We also accept that the Centre cannot guarantee that the medication will be given at a precise time or by the same person although every endeavour will be made to do so.*

*I / We will notify the Centre about any changes to medications, doses, and recommended times when medications are to be administered, and fill out a new request form.*

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| I / We request medication be given: | Child’s Name |  |
| Centre Name |  |
| Name of medication | |  |
| Dosage and time to be given: | Dosage |  |
| Time |  |
| Expiry date of medication on container | |  |
| Date when medication is to finish | |  |
| Special storage requirements (i.e., fridge) | |  |
| Any side effects of medication | |  |
| Name and phone number of GP or Specialist | |  |
| Parent or guardian’s phone number(s) during centre hours | | Landline:  Mobile: |
| After hours or emergency phone number | |  |
| Any other information in relation to administering this medication | |  |

\*See Appendix 3 of the *Licensing Criteria for Early Childhood Education and Care Centres 2008*

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| Parent Permission Signature: |  |
| Date: |  |
| Name of Medication Administered: |  |
| Medicine Category: |  |
| Dosage Given: |  |
| Administered by Staff: |  |
| Witness: |  |
| Time Administered by Staff: |  |
| Parent Acknowledgement Signature: |  |

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| --- | --- |
| Parent Permission Signature: |  |
| Date: |  |
| Name of Medication Administered: |  |
| Medicine Category: |  |
| Dosage Given: |  |
| Administered by Staff: |  |
| Witness: |  |
| Time Administered by Staff: |  |
| Parent Acknowledgement Signature: |  |

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| --- | --- |
| Parent Permission Signature: |  |
| Date: |  |
| Name of Medication Administered: |  |
| Medicine Category: |  |
| Dosage Given: |  |
| Administered by Staff: |  |
| Witness: |  |
| Time Administered by Staff: |  |
| Parent Acknowledgement Signature: |  |

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| --- | --- |
| Parent Permission Signature: |  |
| Date: |  |
| Name of Medication Administered: |  |
| Medicine Category: |  |
| Dosage Given: |  |
| Administered by Staff: |  |
| Witness: |  |
| Time Administered by Staff: |  |
| Parent Acknowledgement Signature: |  |

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| --- | --- |
| Parent Permission Signature: |  |
| Date: |  |
| Name of Medication Administered: |  |
| Medicine Category: |  |
| Dosage Given: |  |
| Administered by Staff: |  |
| Witness: |  |
| Time Administered by Staff: |  |
| Parent Acknowledgement Signature: |  |