

## ONGOING MEDICATION ADMINISTRATION FORM

Education and Care Services National regulations 2011 (Regulations 92-96) requires that if medication is administered to a child, written permission needs to be given.

Prescribed and Non-Prescribed Medication is to be provided in the original container bearing the original label (expiry dates & instructions) and with a pharmacy label attached. The medication can only be administered before the expiry or use by date.

### To be completed by Parent/ Guardian

I..... (parent or guardian name), hereby authorise staff at ..... (name of Early Years Site) to give the below medication on an ongoing basis from the date...../...../..... to...../...../..... or ongoing. This is as per my child's Medical Management plan.

I also acknowledge that I, the parent / guardian, have given the first dose of this medication without any allergic or unexpected reactions. (Excluding emergency medication such as adrenaline autoinjectors)

I acknowledge that it is my responsibility to inform educators of any medication administered to my child prior to attendance at the service each day, including the medication name, dosage and time administered, as this may affect the administration of medication during the child's attendance.

**CHILD'S FIRST NAME AND SURNAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
**NAME OF EARLY YEARS SITE:** \_\_\_\_\_ **ROOM/ GROUP:** \_\_\_\_\_

|  |  |       |              |
|--|--|-------|--------------|
| Name of Medication to be administered  |  |       | Expiry Date: |
| Last dosage administered by parents/ guardians (Dosage, Date & Time)   |  |       |              |
| Storage Requirements   |  |       |              |
| Dosage to be administered  |  |       |              |
| Manner in which medication is to be administered   |  |       |              |
| Circumstances under which the medication should next be administered (Times/ dates/ circumstances) or as per MMP |  |       |              |
| Parent/ Guardian Authorised Persons Name   |  | Time: | Date:        |
| Signature  |  |       |              |

\*Parent or person in the child's enrolment record as authorised to consent to administration of medication.

\* I authorise the education and care service to administer the above medication to my child in accordance with the details provided on an ongoing capacity as per my child's MMP.

CHILDS FIRST NAME & SURNAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

| To be completed by Educators |                     |      |  |                            |         |  |         |                                  |         |
|------------------------------|---------------------|------|--|----------------------------|---------|--|---------|----------------------------------|---------|
| NAME OF MEDICATION           | DOSAGE ADMINISTERED |      | MANNER IN WHICH THE MEDICATION WAS ADMINISTERED<br>(If not administered record the reason) | MEDICATION ADMINISTERED BY |         | NAME OF PERSON WHO CHECKED DOSAGE TO BE ADMINISTERED & IDENTITY OF THE CHILD |         | PARENT/ GUARDIAN ACKNOWLEDGEMENT |         |
|                              |                     |      |  |                            |         | FIRST NAME   | SURNAME | FIRST NAME                       | SURNAME |
|                              | DOSAGE              |      |  | FIRST NAME                 | SURNAME | TIME   | DATE    | TIME                             | DATE    |
| EXPIRY/ USE BY DATE          | TIME                | DATE |  | SIGNATURE                  |         | SIGNATURE  |         | SIGNATURE                        |         |
|                              | DOSAGE              |      |  | FIRST NAME                 | SURNAME | TIME   | DATE    | TIME                             | DATE    |
| EXPIRY/ USE BY DATE          | TIME                | DATE |  | SIGNATURE                  |         | SIGNATURE  |         | SIGNATURE                        |         |
|                              | DOSAGE              |      |  | FIRST NAME                 | SURNAME | TIME   | DATE    | TIME                             | DATE    |
| EXPIRY/ USE BY DATE          | TIME                | DATE |  | SIGNATURE                  |         | SIGNATURE  |         | SIGNATURE                        |         |
|                              | DOSAGE              |      |  | FIRST NAME                 | SURNAME | TIME   | DATE    | TIME                             | DATE    |
| EXPIRY/ USE BY DATE          | TIME                | DATE |  | SIGNATURE                  |         | SIGNATURE  |         | SIGNATURE                        |         |
|                              | DOSAGE              |      |  | FIRST NAME                 | SURNAME | TIME   | DATE    | TIME                             | DATE    |
| EXPIRY/ USE BY DATE          | TIME                | DATE |  | SIGNATURE                  |         | SIGNATURE  |         | SIGNATURE                        |         |



|                     |      |      |  |           |           |           |
|---------------------|------|------|--|-----------|-----------|-----------|
| EXPIRY/ USE BY DATE | TIME | DATE |  | SIGNATURE | SIGNATURE | SIGNATURE |
|---------------------|------|------|--|-----------|-----------|-----------|

Comments: \_\_\_\_\_

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