

## Medication Record - AUTHORISATION

Child's Name: ..... Date of Birth: ..... / ..... / .....

**To be completed by the parent/guardian** NOTE: All medications must be in the original container with child's name and prescribed dosage on the label and within use by date. Parents responsible for supplying up to date medication – Puffers and Epipens included. Nominated Supervisor to check expiry.

Name of medication	Last administered		To be administered (or circumstances to be administered)		Dosage to be administered	* Method of administration	Signature of Parent/Guardian
	Time	Date	Time	Date			

\* **Method of administration:** Please CIRCLE whether Staff to give child the medication or if Child to self-administer with staff supervision

**Recordkeeping:** 3 years after child's last day of attendance (Reg. 92)

## Medication Record - ADMINISTRATION

**To be completed by the educator when administered** NOTE: All medications must be in the original container with child's name and prescribed dosage on the label and within use by date. Parents responsible for supplying up to date medication – Puffers and Epipens included. Nominated Supervisor to check expiry.

Name of Medication: .....		Dosage Administered	*Method of administration	Name of educator administering  or Name of child self-administering	Signature of  educator administering  or child self- administering	Name of witness	Signature of witness
Time administered							
Time	Date						

\* **Method of administration:** Please CIRCLE whether Staff to giving child the medication or if Child is self-administering with staff supervision

**Recordkeeping: 3 years after child's last day of attendance (Reg. 92)**