

MEDICATION AUTHORITY FORM



Date: / /

Child's Full Name: DOB:

Medication to be administered:

Expiry Date of Medication: Dosage of medication:

Date: and Time/s: the medication is to be administered.

Storage Requirements:

Medical practitioner's name prescribing the medication:

Medical practitioner's address:

Medical practitioner's phone number:

Brief health summary or reasons for medication and side effects to monitor for:

Special instructions on how the medication is to be administered:

AUTHORISATION

I authorise IGS OSHC staff to administer the medication to my child as per the information provided above. I understand the potential risks and side effects of this medication for my child.

Parent/Carer name:

Signature:

Date:

 / /

Time (am/pm):

MEDICATION RECEIVED AND CHECKED BY

Staff Name:

Staff Signature:

Date:

 / /

Time (am/pm):

Responsible Person
Name:

Signature:

Date:

 / /

Time (am/pm):

PARENTS AND/OR CARERS PLEASE NOTE

Medication can only be given to a child if the medication is in its original container. In the case of prescription medication, this can only be administered to the child for whom it has been prescribed, from a container bearing an original pharmacy label showing the child's name and administered before the expiry or use by date, and in accordance with the doctor's instructions.

In the case of non-prescribed, homeopathic, herbal or naturopathic medication, this will only be administered if it is in a container with a label containing the child's name, name of the medication and administered before the expiry or use by date, and accompanied by instructions or a letter from the registered health professional who dispensed it or recommended it.