

# Administration of Medication Record-

## KIDZONE OSHC ROMSEY

### Authorisation of Consent

By signing this *Administration of Medication Record*, I give permission for educators to administer the prescribed medication in accordance with the *Administration of Medication Policy and procedure*. I declare that this Record has been completed in conjunction with the child's Medical Management 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
- A separate form must be completed for each medication if more than one is required

**Administration of medication:** I give permission for my child to self-administer medication in accordance to the *Administration of Medication Policy and Procedure*. I understand educators will supervise and witness self-administration of medication and complete the following record.

(See Enrolment Form for detailed authorisation to administer medication or self-administer medication R. 96. 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 full name ( <i>must appear as on medication</i> )	
Date of birth	

Is the child able to <b>self administer</b> under supervision?	Yes	No	
Parent/guardian name and signature			
Date			

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

### MEDICATION DETAILS

Name of medication and dosage ( <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	

