



Authorisation to Administer Medication

07 - 534

AUTHORISATION

CHILD'S NAME:

PARENT/GUARDIAN NAME:

- As the parent/guardian of the above mentioned child I request and authorise YMCA OSHC to administer the following medication.
- I warrant that the medication provided to YMCA OSHC with this authority is that as described below.
- I am aware that any information regarding changes to this medication including type, dosage etc must be forwarded to YMCA OSHC in writing.
- I am aware that it is my responsibility to maintain an adequate supply of this medication at YMCA OSHC.

PARENT SIGNATURE:

DATE:

ADMINISTRATION INFORMATION

NAME OF MEDICATION:

PERIOD FOR WHICH MEDICATION IS TO BE ADMINISTERED: From:

To:

FREQUENCY OF DOSAGE: (IE, SPECIFIC TIMES)

TIME MEDICATION IS TO BE GIVEN WHILE IN CARE:

MEDICATION DOSAGE:

DOCTORS NAME:

TELEPHONE:

DOCTORS LETTER ATTACHED: Yes No

HAS THE CHILD TAKEN THIS MEDICATION PREVIOUSLY? Yes No

IF NO, STAFF ARE UNABLE TO GIVE ANY MEDICATION THAT HAS NOT BEEN PREVIOUSLY ADMINISTERED.

IF YES, WAS THERE ANY ADVERSE REACTION? Yes No

OTHER INSTRUCTIONS:

SERVICE USE ONLY

The medication supplied with this authorization is:

- A prescribed medication; and
- In its original package with a pharmacist's label which clearly states the child's name, dosage, frequency of administration, date of dispensing and expiry date.

COORDINATOR SIGNATURE:

DATE: