



Authorisation to Administer Medication

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:

QUANTITY ON HAND OVER (TABLETS/ML):

PERIOD FOR WHICH MEDICATION IS TO BE
ADMINISTERED:

From:

To:

FREQUENCY OF DOSAGE: (IE, SPECIFIC TIMES)

TIME & DATE OR CIRCUMSTANCE, THE 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 YES, WAS THERE ANY ADVERSE REACTION?

Yes

No

TIME & DATE OF MEDICATION LAST ADMINISTERED?

MANNER IN WHICH MEDICATION WAS ADMINISTERED?
(EG. ORALLY, NASALLY?)

OTHER INSTRUCTIONS:

SERVICE USE ONLY

The medication supplied with this authorisation 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: