2.4b Permission to Administer Medication – Long Term Medication Form

(Regulation 92: Medication record; Regulation 93: Administration of medication; Regulation 94: Exception to authorisation requirement—anaphylaxis or asthma emergency; Regulation 95: Procedure for administration of medication)

Medication MUST be in the original packaging and clearly labelled with the child's name, the prescribed dosage and the medication's use by date. Medication will not be administered without written authorisation from a parent/guardian.

Child's full name:	Date …… / …… /……
Name of medication to be administered:	Date of prescription …… / …… /……
Storage requirements:	Use by date of medication …… / …… /……
Medical practitioner prescribing the medication:	Practitioner's phone number:
Reasons for medication:	When symptoms occur/specific symptoms are:
Dosage:	Time staff need to administer the medication:

Any special instructions on how the medication is administered:

How long does this medication need to be administered for:

From …… / …… /…… To …… / …… /……

(Medical action plans must be renewed at the beginning of each year)

Name of approved person authorised to consent to administer medication: (as identified in the enrolment form)

Parent name:	Parent signature:
Staff member receiving medication:	Signature:

Date	Dosage	Time medication actually given	Name & signature of staff administering medication	Name & signature of staff cross checking medication	Parent/Guardian sign when collecting medication

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Date	Dosage	Time medication actually given	Name & signature of staff administering medication	Name & signature of staff cross checking medication	Parent/Guardian sign when collecting medication