

AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION

Name of Child Care Centre: Adventure Hours Nursery School

This form must be completed by the parent of a child who is requesting that a drug or medication be administered during hours that the child receives child care, in accordance with the child care centre's medication administration policy and procedures.

Child's Full Name: Click here to enter text.

Child's Date of Birth (dd/mm/yyyy): Click here to enter text.

Date Authorization Form Completed (dd/mm/yyyy): Click here to enter text.

Date Authorization Form Updated (dd/mm/yyyy): Click here to enter text.

Name of Drug or Medication (as per the original container label):	Click here to enter text.
Date of Purchase or Date Dispensed: (dd/mm/yyyy)	Click here to enter text.
Expiry Date: (dd/mm/yyyy)	Click here to enter text.
Authorization Start Date: (dd/mm/yyyy)	Click here to enter text.
Authorization End Date: (dd/mm/yyyy or ongoing)	Click here to enter text.

Method of Medication Administration (initial below)

- Child care centre staff are to administer the drug or medication to my child. ____
- My child will self-administer the drug or medication (optional, for children who attend school only). ____

Authorization for Child to Carry Emergency Allergy Medication

- I authorize my child to carry their own asthma medication.
- Not applicable (this authorization is not for asthma medication).

Medication Administration Schedule

- The drug or medication needs to be administered according to the following schedule:

Day(s) of the Week	Time(s) of the Day / Intervals	Amount/Dosage	Additional Information (where applicable)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Special Instructions:

- This form is required for over-the-counter and prescription medications. For non-prescription skin products, the Authorization to Administer Non-Prescription Skin Products form must be completed.
- A separate form should be completed for each drug or medication that a child requires.
- Children's personal health information should be kept confidential.

AND/OR, where drugs are to be administered on an ‘as needed’ basis:

The drug or medication needs to be administered when the following physical symptoms are observed:

Click here to enter text.

Amount/Dosage:

Parent/Guardian Authorization Statement:

I hereby authorize the person in charge of drugs or medications at [Click here to enter text.](#) (name of child care centre) to administer the above-named drug or medication to my child and handle the drug or medication in accordance with the procedures I have provided on this form.

I understand that expired drugs or medications will not be administered to my child at any time in accordance with the child care centre’s medication administration policy.

I understand that staff at [Click here to enter name of child care centre](#) are not medically trained to administer drugs and medications.

Print name:	Relationship to Child: Click here to enter text.
Signature:	Date Signed: (dd/mm/yyyy) Click here to enter text.

Received By:

Print name:	Role at Child Care Centre: Click here to enter text.
Signature:	Date Signed: (dd/mm/yyyy) Click here to enter text.

For Child Care Centre Use Only

Location medication will be stored:

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For Office Use Only

Date Drugs/Medication Returned to Parent / Pharmacy (dd/mm/yyyy):

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- Children's personal health information should be kept confidential.