

## **AUTHORISATION AND ADMINISTRATION OF MEDICATION**

Full name of child \_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_

Reason for Medication \_\_\_\_\_\_\_\_ give Clarence Children's Services permission to give my child his/her medication as detailed below:

Full name of Parent/Guardian

This form must be completed by a Parent/Guardian and will be valid for the **2026** school year indicated above unless an updated form is provided.

## **AUTHORISATION OF MEDICATION \***to be completed by Parent/Guardian

| Name of the medication/s | Date/s dosage<br>to be<br>administered | Time or<br>circumstance<br>when mediation<br>should be<br>administered | Dosage to be administered each time | Instructions for administration of medication | If this is a narcotic<br>substance, please<br>indicate in this<br>column<br>Y/N | Date/time the medication was last administered? | Parent's Signature | Date |
|--------------------------|--|--|-------------------------------------|---|---|---|--------------------|------|
|                          |  |  |                                     |   |   |   |                    |      |
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|                          |  |  |                                     |   |   |   |                    |      |

## ADMINISTRATION OF MEDICATION \*to be completed by Educator and signed by parent in acknowledgment when collecting their child

| Full name of child | Date of Birth |
|--------------------|---------------|
|                    | <br>          |

| Name of medication | Medication<br>label consistent<br>with parent's<br>authorisation<br>yes/no | Date dosage<br>administered | Time dosage<br>administered | Dosage<br>administered | Name and signature of<br>person measuring and<br>administering medication | Name and signature of witness to measurement and administration | Method of administration & comments | Signature of parent/person collecting child, acknowledging that they have seen the medication record |
|--------------------|--|-----------------------------|-----------------------------|------------------------|---|---|-------------------------------------|--|
|                    |  |                             |                             |                        |   |   |                                     |  |
|                    |  |                             |                             |                        |   |   |                                     |  |
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|                    |  |                             |                             |                        |   |   |                                     |  |
|                    |  |                             |                             |                        |   |   |                                     |  |

Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. (Education and Care Services National Regulations Regulation 95)

- The label must contain the child's name
- Parents must provide any verbal or written instructions provided by the medical practitioner.
- Any prescribed medication, including non-prescription medication e.g. antihistamines, must be authorised by a Parent/Guardian on our "Authorisation and Administration of Medication" form This is obtained from our website https://www.ccc.tas.gov.au/living/child-care-services/before-and-after-school-care/

If a Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.

(Education and Care Services National Regulations - Regulation 94)