Carina Heights Child Care & Development

Medication Permission and Administration Form

Child Details	
Surname:	Given name:
Room:	
Medication Details	
Name of medication:	Chemist label : yes / no
Dosage required:	
Method for administration:	
Medical Practitioner / Pharmacist:	Doctors Letter: yes/no
Comments OR Any preferred parent contact details for today to assist staff with child's health care:	
Parent / guardian's name:	
Parent / guardian's signature:	Date:
OR If applicable Signature of person authorised to consent to medication administration.	

Medication Administration Requirements (must be completed daily)

	Monday	Tuesday	Wednesday	Thursday	Friday
Date for administration					
Time last administered					
Time required					

Educator to Complete Upon Administration					
Date administered					
Dosage administered					
Time administered					
Method of administration					
Name of educator administering					
Signature of educator administering					
Name of educator witnessing					
Signature of educator witnessing					
Comments					