

SAMARITANS FIVE STAR FAMILY DAY CARE



AUTHORISATION TO ADMINISTER MEDICATION

Child's name: _____ Date: _____

I give permission for _____ to administer the following medication _____

Please Note: All medication supplied must be in it's original bottle with pharmacist label – homeopathic/naturopathic medications cannot be administered by carers

Dosage amount: _____ Time/s to be administered: _____

Special instructions and/or possible side effects: _____

Date of commencement: _____ Course Duration (no. of days): _____

Doctor's Name : _____ Phone No: _____

Child's Ailment: _____

Parent/Guardian Signature: _____ **Date:** _____

Record of Administration of Medication

Date: _____

Dosage: _____

Time Given: _____

Signature: _____

Carers: Please return Authorisation Form to Family Day Care Office with Timesheets when medication is completed. In the case of long term treatment, i.e. asthma etc, Authorisation Form is to be completed and returned with next Timesheet and a copy taken. This copy will then need to be re-signed by the parent each fortnight.