



Armidale & District Family Day Care Ltd

95 Faulkner St (P.O. Box 951)

Armidale NSW 2350

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Authorisation to Administer Medication

(To be completed by the child’s parent or the person nominated to give authorisation on the child enrolment form)

I give permission for (Educator).....to administer medication to..... (as tabled below)

I give permission for my school aged child..... to self -administer medication for their medical condition under the supervision of (Educator)(as tabled below).

**I provided permission over the phone for a single dose of paracetamol to be administered at.....(time)
on.....(date)..... (Name & signature)**

Special instructions/ additional information (e.g. how the medication should be administered/ under what circumstances)

My child had a dose of medication before arriving in care (*please record the date and time this dose was given*)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

