Armidale & District Family Day Care Ltd
95 Faulkner Street
Armidale NSW 2350
Ph: 02 6772 5300
Email: admin@afdc.org.au

Authorisation to Administer Medication

(To be completed by the child's parent or the person nominated to give authorisation on the child's enrolment form) ***Please do not leave medication in your child's bag.***

I give permission for (Educator)……to administer medication to Childs Name:.....
Date of birth: ..... 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.

To be completed by the parent/guardian								To be completed by the Educator when administered					
Name of medication	Last administered		To be administered (or circumstances to be administered)		Dosage to be administered	Method of administration	Signature of parent/Guardian	Medication administered		Dosage Administration	Method of administration	Name of educator administering	Signature of educator administering
	Time	Date	Time	Date				Time	Date				

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