

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)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | To be completed by the parent/guardian | | | | |  |  |  | To be completed by the Educator when administered | | | | |  |
| **Name of medication** | **Reason for 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**  **administrati on** | Name    of    educator  administering | Signature    of    educator  administering |
|  | | **Time** | **Date** | **Time** | **Date** | **Time** | **Date** |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |

**……………………………………as tabled below.**  
Reviewed August 2023