

 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)

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