



**Medication & Administering Authority – to be completed by the Parent/Guardian**

**I/We hereby authorise necessary medication to be administered to my child while at OSHC. I agree to notify OSHC in writing if there are any changes in the medication below. Details are:**

The following points are for security and safety purposes and are requirements of the Health (Drug & Poisons) Regulation 1996 (Qld).

Child's name		Date of birth	
Name of medication		Expiry date	
Reason for medication			
Medication storage instructions (e.g. to be refrigerated)			
Please indicate how long this medication needs to be administered			
<input type="checkbox"/>	Today only	Today's date	
<input type="checkbox"/>	2 or more consecutive attendance days (e.g. antibiotics)	Start date	Finish date
<input type="checkbox"/>	Ongoing, regular medication (e.g. Ventolin)	Start date	
<b>Details of Administration</b> <b>Staff will only be able to administer medication if it is received in the original packaging, with a chemist label attached stating the child's name and dosage. All medication is administered under adult supervision.</b>			
My child can administer his/her own medication		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication to be administered		Dosage	Time
Circumstances of administration		<input type="checkbox"/> Before Food	<input type="checkbox"/> With Food <input type="checkbox"/> After Food
Prescribing Doctor's name		Phone number	
Letter from doctor/medical management plan provided for ongoing medical conditions – e.g.: asthma/anaphylaxis/allergies		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent/guardian name		Phone number	
Signature		Date	
Educator receiving medication			
Signature		Date	
Coordinator Name		Signature	