



Broulee
Early Learning Centre

Authorisation and Administration of Medication and Medical Procedure

Quality Area 2 Children's Health and Safety (Policy 14A) Form

This form is to be filed out and completed for all medications and medical procedures including non-prescription, prescription, homeopathic and herbal preparations.

Part 1:

Medication permission (To be completed by parent/guardian)

Child's Name: _____

Date of Birth: _____

Name of Medication: _____

Expiry Date: _____

Cause for Medication: _____

For how long does this medication need to be administered?

☐ Today – Date (today's date) _____

☐ Two or more consecutive days of attendance

Start date: _____ Finish Date: _____

☐ When symptoms occur (eg. For asthma)

Please specify details of symptoms:

Details of Administration

Measurement / Dosage: _____ Times to be administered: _____

How is the medication to be administered? (Orally, externally etc) _____

Prescribing Doctor: _____

Phone number: _____

Parent / Carers Name: _____

Phone Number: _____

Signature: _____ Date: _____

Staff member receiving the medication: _____

Signature and Date: _____

Administration of Medication and Medical Procedures

(Staff to complete when administering medication / medical procedure)

Part 2

NB: Staff to verify details as completed by parents/ Carers over leaf

Date	How it was Administered (Topically, Orally)	Dosage	Time	Administered by Name	Signature	Checked and Witnessed by Name	Signature	Parent signature