



Authority to Administer Medication

Child's Name _____

Date of birth _____

Parent to complete and sign

Date	Full Name of Medication	Date & Time last Administered	Dosage to be Administered and method	Time to be Given	Doctors note supplied (staff to sign)	Parent / Guardian Signature

Medication is to be administered by a Trained Staff Member

Date and Time	Full Name of Medication	Amount Administered and method	Name and Signature of administering staff member	Name and Signature of witnessing staff member	Expiry date	Doctors note has been attached

Parent to complete and sign

Date	Full Name of Medication	Date & Time last Administered	Dosage to be Administered and method	Time to be Given	Doctors note supplied (staff to sign)	Parent / Guardian Signature

Medication is to be administered by a Trained Staff Member

Date and Time	Full Name of Medication	Amount Administered and method	Name and Signature of administering staff member	Name and Signature of witnessing staff member	Expiry date	Doctors note has been attached

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