

# Tarragindi Child Care & Development (2012)

## Medication Permission and Administration Form

**Date for Administration -**

### Child Details

Surname:

Given name:

Room:

### Medication Details

Name of medication:

Chemist label : yes / no

Dosage required:

Method for administration:

Time required (or circumstances to be administered):

Last administered: Time :                      am/pm                      Date:

Doctor's name:

Doctors Letter: yes/no

Comments OR Any preferred parent contact details for today to assist staff with child's health care:

Signature of parent / guardian:

OR If applicable Signature of person authorised to consent to medication administration:

### Educator to Complete Upon Administration

Medication administered:

Dosage administered:

Method for administered:

Time administered (or circumstances in which administered):

Date administered:

Name of educator administering:

Signature of educator administering:

Name of witness:

Signature of witness: