

Palmwoods Kids Club's Authorisation to Administer Medication Register

The Education and Care Services National Regulations (Division 4 92-96) state that, before medication is administered

1. An authorisation to administer medication has been completed and signed by a parent or a person named in the child's enrolment record as authorised to give consent for administration of medication AND
2. The medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date.

For more information on this, refer to the Palmwoods Kids Club Medication Policy (4.6).

Child's Name: _____

Name of Medication: _____ Date prescribed: _____

Time and Date last administered: _____ Expiry/Used by date: _____

Manner in which the medication is to be administered: _____

| | | |
|---------------------------|-----------------------------|-----------------------------|
| Required Dosage: _____ | Days Required M T W TH F | Time of Medication _____ |
|---------------------------|-----------------------------|-----------------------------|

It is the Palmwoods Kids Club policy that medications which have never been administered to a child, be administered initially by a Parent/Guardian. If this first administration occurs at Palmwoods Kids Club, the Parent/Guardian must stay with child for 30 minutes

It is the Palmwoods Kids Club Policy that , NO Medication will be allowed to be stored at Kids Club.

I _____ can confirm that my Child _____ has been administered the above medication at least once before and had no adverse reaction.

Does your child self administer this medication? Y If yes please fill out the below N



I _____ give authorisation for my Child _____ to self-administer the above mentioned medication

If this medication was an emergency administration. Please fill in the below section. (this will be done by PKC Educator)

Parent contacted Details

Parent Contacted: Phone Number: Time Contacted: Educators Name:

Parent / Guardian Details

Parent Guardian Details who is authorising the Administration of this Medication

Name: _____ Contact Number: _____

Relationship to Child: _____ Date: _____

Parent / Guardian Signature: _____

Educator's Name: _____ Educator's Signature: _____

