

# Jumbos OOSH

## Medication Authorisation Form



### Child Details

First name:  Last name:

All medication needs to be:

- ✓ In the original container.
- ✓ Clearly marked with child's name.
- ✓ The dosage as per prescribed medication.

Over the counter medication must be accompanied by authorisation from a Medical Practitioner with the above mentioned criteria outlined including a date range that the medication is relevant for.

### Parent / Guardian to complete this section

Date:

Is the medication in the child's name (please circle)? Yes / No

Do you consent to your child self-administering their medication (please circle): Yes / No

Name of medication: \_\_\_\_\_ Dosage required: \_\_\_\_\_

Type of medication: \_\_\_\_\_ Time of last dosage: \_\_\_\_\_

Date of last dosage: \_\_\_\_\_

Time to be administered or circumstances to be administered: \_\_\_\_\_

To be administered: Everyday this week / Everyday this term / Other: \_\_\_\_\_

Method of administration: \_\_\_\_\_

Signature of Parent / Guardian:		Date:	
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### Staff to complete this section:

Date: _____	✓	Time administered: _____
Dosage administered: _____	✓	Name of person administering: _____
Method of administration: _____	✓	Signature of person administering: _____
Is the medication in the child's name? <input type="checkbox"/>	✓	Witness name: _____
Is the medication the same as stated by Parent / Guardian? <input type="checkbox"/>	✓	Witness signature: _____
Expiry date: _____	✓	Date: _____
Is the expiry date still valid? <input type="checkbox"/>	✓	Time: _____
	✓	Parent / Guardian Initial: _____

### If the medication is administered to the child:

- i) the dosage that was administered; and
- ii) the time and date the medication was administered; and
- iii) the name and signature of the person who administered the medication including if the medication was self-administered; and
- iv) the name and signature of the person who checked the dosage administered, if regulation 92 requires the dosage to be checked by a person other than the person who administered the medication.