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Activity Centres Inc.
Before & After School
+ Vacation Care

- Girraween Activity Centre
- Toongabbie West Activity Centre
- Beresford Road Activity Centre

Medication Form

Child's Name……

Name Of Medication ……..……..Dosage……..……

Time to be given (if needed not accepted)……..……Length of course……..……

Reason for giving medication……..……

Is medication in it's original container YES /NO (If no we are unable to administer)

Medication must be in its original container with the pharmacy label and instructions in tact.

Comments or special Instructions……..……..
……..……
……..……

I give permission for the Staff of Activity Centres Inc. to administer the medication as stated above

Parent Name ……..…… Parent Signature……

Date ……../……../…….

Staff to fill in this section immediately after medication is administered – 2 Staff must sign.

Date	Dosage	Time Given	Staff Signature	Witness Signature