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

Ongoing Medication Form

Medication must be in its original container with the pharmacy label and instructions in tact
Medication not in its original container will not be given

Child's Name…….…….. Date…./…./….

Name of Medication ……..……..……..Dosage to be given……..……..……

Is the medication prescribed by a Doctor yes / no

Time medication is to be given each day ___:___am:pm Time medication is last given ___:___am:pm

Reason for giving medication……..……

Manner in which medication is to be administered, oral, skin cream, injection, other……...……

Are there any side effects of the medication……

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

……..……..……

……...…

I give permission for my child's medication to be administered in the following way;

- ☐ My child can self medicate, and only needs the assistance of one of ACI Staff to check dose.
- ☐ My child can not self medicate; I would like 2 staff to check dosage and give medication to my child.

Parent Name Parent Signature Date / /

Date	Dosage	Time Given	Manner Given	Educators Name & Signature	Witness or Childs Name & Signature

Date	Dosage	Time Given	Manner Given	Educators Name & Signature	Witness or Childs Name & Signature