



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

# 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 (as per regulation 95)

Child's Name..... Date...../...../.....

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

Is this Medication (please tick)–

- A one off Script e.g Antibiotics, Cream etc.
- Ongoing e.g Ritalin, Insulin, Epilepsy Medication etc.
- As Needed e.g Ventolin, Epi-Pen etc.

Is the medication prescribed by a Doctor yes / no

Reason for giving medication.....

The circumstances the medication should be given .....

Manner in which medication is to be administered – (please circle) Orally, applied topically, Adrenaline auto- injector, Insulin Pen, Spacer & Puffer or other .....

Time & date medication was last given .....:.....am:pm ...../...../20..... (if applicable)

Are there any side effects of the medication.....

Time medication is to be given .....:.....am:pm      Time medication is to be given .....:.....am:pm

Time medication is to be given .....:.....am:pm      Time medication is to be given .....:.....am:pm

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 educator to check dose.
- My child can not self medicate; I would like 2educators to check dosage and give medication to my child.

Parent Name ..... Parent Signature ..... Date...../...../.....

Coordinator Name ..... Coordinator Signature ..... Date...../...../.....

**Please ensure you complete a new form for each Vacation Care period.**



## Medication Checklist

- **All Medication must be in original container**
- All Medication should be stored out of reach of children (**not locked away**)

Prescribed Medication must have original pharmacy label in tact - check the following information.

- Medication name
- Childs name
- Expiry date
- Dosage information
- Time of dose
- Doctors details

Non prescribed Medication must have original pharmacy label in tact - check the following information.

- Medication name
- Expiry date
- Dosage instructions

Check the following points are recorded

- Time of last dosage administered.
- The exact time medication is administered by ACI staff.
- Medication form is completed by parent and complies with pharmacy instructions on label.
- Dosage checked and administered.
- Dosage administered by staff, who know the child's identity.
- Ensure medication is returned to the area where medication is stored
- Record time and dosage on medication form.
- Are there any recorded reactions that may occur by administering the medication (side effects etc)
- Any additional comments

If unclear on any of the above please consult Medication Administration Policy.