



Medication Form

Medication must be in its original container with the pharmacy label and instructions intact
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 select)–

- ☐ 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 (with food etc.): _____

Manner in which medication is to be administered (orally, spacer & puffer etc.): _____

Time & date medication **was last** given _____ (**if applicable**)

Are there any side effects of the medication: _____

Time medication **is to** be given: _____

Time medication **is to** be given: _____

Time medication **is to** be given: _____

Time medication **is to** be given: _____

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 self-medicate and will inform an Educator as soon as possible after administering their Medication, which has been prescribed for a chronic condition.
- ☐ My child cannot 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: _____

Administration of Medication Record

[illegible]

Medication Checklist

- **All Medication must be in original container and have Chemist Label**
- 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.