



MEDICATION RECORD

DETAILS MUST MATCH THE MEDICAL ACTION PLAN PROVIDED BY THE MEDICAL PRACTITIONER

Child's Name:		Name of medication to be Administered:	
Is there a current Action Plan provided by a Medical Practitioner?			
Name of Medical Practitioner:		Medical Centre Contact Details:	
Name of Medical Centre or Hospital:			
Method of Administration:		Prescribe dosage as per Action Plan:	
When Medication should be administered (Symptoms):			

A PHARMACY / DOCTOR LABEL MUST BE AFFIXED TO THE MEDICATION

PARENT/GUARDIAN: I give permission for an educator to administer the named medication as per **the instructions on the Action Plan provided by the medical practitioner**. I understand that, in the event of an emergency, educators will attempt to contact parents/guardians or authorised nominee as per the child's enrolment form prior to administering however if unable to do so educators will act based on the above details. I authorise the service to contact the Ambulance Service in the event that my child requires further medical attention and authorise the transportation and treatment as advised by Medical Staff. I accept all financial costs related to the transportation and treatment required. I understand that the health and safety of my child is the main priority at the service and as such information about my child's allergies or serious medication conditions may be on display, including their picture and name. While this information is primarily for the educators at the service it may be viewed by students, volunteers, visitors and other families. A condition of enrolment at this service is that this information is readily available to ensure your child's safety.

Parent/Guardian Full Name:		Signature:		Date:	
Responsible Person in Charge:		Signature:		Date:	