



Little Gems Kindy

Medication Permission Form

In the interest of children's safety and well-being staff at Little Gems will only administer medication if it is in its original container with the dispensing label attached. The label should list the child as the prescribed person, the dose and frequency to be given.

Only a Parent or a person named on the Childs enrolment record authorised to consent to the administration of medication to the child can complete this form.

Child's Name: _____ Childs Date of Birth: _____

Prescribing Medical Dr/Pharmacist: _____

Medication Information

Name of Medication: _____

Date Prescribed: _____ Expiry: _____

Date Last Administered: _____

Period Medication is to be administered: _____

I request that the above medications be administered in accordance with the instruction below or the circumstances under which the medication should next be administered:

Time medication is to be given	Dosage to be administered	Additional information

Parent/Authorised Persons Name: _____

Date: _____ Signed: _____

Staff to complete on Administering medication

<u>Date</u>	<u>Time</u>	<u>Dose administered</u>	<u>Name of staff who administered medication</u>	<u>Signed</u>	<u>Name of witness</u>	<u>Signed</u>