

# Tabatinga OOSH

## ~ Medication Authorisation Form ~

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### CHILD DETAILS

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

All medication must be:

- ✓ In the original container
- ✓ Clearly marked with child's name
- ✓ The dosage as per prescribed medication

Over the counter medication must be accompanied by authorization from a Medical Practitioner with the above mentioned criteria outlined including a date range that the medication is relevant for.

### PARENT / GUARDIAN (to complete this section)

Date: \_\_\_\_\_

Is this medication in the child's name (please circle)? YES / NO

Do you consent to your child self-administering their medication (please circle)? YES / NO

Name of medication: \_\_\_\_\_

Dosage required? \_\_\_\_\_

Type of medication: \_\_\_\_\_

Date of last dosage: \_\_\_\_\_

Time of last dosage: \_\_\_\_\_

Time to be administered or circumstances to be administered:

\_\_\_\_\_

To be administered: Everyday this week / Everyday this term / Other:

\_\_\_\_\_

Method of administration:

\_\_\_\_\_

PARENT / GUARDIAN NAME: \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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**STAFF** (to complete this section)

If the medication is administered to the child:

1. The dosage that was administered
2. The time and date the medication was administered
3. The name and signature of the person who administered the medication including if the medication was self administered
4. The name and signature of the person who checked the dosage administered, If regulation 92 requires the dosage to be checked by a person other than the person who administered the medication
5. Do NOT use medication that has expired. Contact the parent / guardian.

Child's name: \_\_\_\_\_

Date: \_\_\_\_\_

Dosage administered: \_\_\_\_\_

Method of administration: \_\_\_\_\_

Is this medication in the child's name?

Is this medication the same as stated by parent?

Expiry date: \_\_\_\_\_

Is the expiry date still valid?

Time administered: \_\_\_\_\_

Name of person administering: \_\_\_\_\_

Signature of person administering: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Parent / Guardian Sign: \_\_\_\_\_

Child's name: \_\_\_\_\_

Date: \_\_\_\_\_

Dosage administered: \_\_\_\_\_

Method of administration: \_\_\_\_\_

Is this medication in the child's name?

Is this medication the same as stated by parent?

Expiry date: \_\_\_\_\_

Is the expiry date still valid?

Time administered: \_\_\_\_\_

Name of person administering: \_\_\_\_\_

Signature of person administering: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Parent / Guardian Sign: \_\_\_\_\_