Albany Hills OSHC Medication Authority and Administration Form

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		Autho	orisation an	nd Medicat	ion Details							
Child's Name							DOB					
Name(s) of me administered:	dication(s) to be											
administered d	dication is to be luring a 24-hour period. ne and School)											
Time/s medica administered v	tion is required to be whilst at OSH.											
Dosage of med administered	lication to be						Can the child self-administer Yes No					
Method (e.g. or administered	ral) medication to be											
Medication Aut Start Date and		Date Started: (valid until 3 months after start date) Expiry Date:										
	instructions or e. medication required red)											
	be administered by the			rson name	d in enrolmer	nt form], g	ve autho	risa	tion for the I	medication	on(s)	
I acknowledge the service can only administer medication from its original container, bearing the original label and instructions, and within the expiry/used-by date printed on the container/label. Where the medication is a prescribed medication, the label must have the name of the child whom the medication is to be given. ☐ I recognise medication will only be administered by the service in accordance with the instructions noted on the medication label or an attached medical practitioner's letter outlining the full medical schedule for the child in a full 24-hour period. ☐ I acknowledge that a new Authorisation and Medication Details form will need to be complete 3 months after the initial start date. Any changes to the medication schedule above will require a new Authorisation and Medication Details form to be completed.												
Signature						Da	te					

Administration Record													
Cł	hild's Name												
	N	Medication A	dministered			Person Adı Medio	ministering cation		Per	son Witne	nessing Dosage		
Medication	Time & Date of last dosage administered (Home or School)	Amount of last dosage administered	Time of dosage to be administered at OSH.	Dosage Given	Method of administration (example: oral)	Name	Signature	Nam	ne	Confirmation of dosage and iden of child	ge tity	Signature	

	Administration Record												
C	child's Name				I	ров							
	ı	Medication A	dministered			Person Adı Medio	ministering cation		Person Witnessing Dosage				
Date of Medication Administered	Time & Date of last dosage administered (Home or School)	Amount of last dosage administered	Time of dosage to be administered at OSH.	Dosage Given	Method of administration (example: oral)	Name	Signature	Nan	ne	Confirma of dosa and iden of child	ge tity	Signature	

Administration Record													
Cł	hild's Name												
	N	Medication A	dministered			Person Adı Medio	ministering cation		Per	son Witne	nessing Dosage		
Medication	Time & Date of last dosage administered (Home or School)	Amount of last dosage administered	Time of dosage to be administered at OSH.	Dosage Given	Method of administration (example: oral)	Name	Signature	Nam	ne	Confirmation of dosage and iden of child	ge tity	Signature	

Administration Record												
d	Child's Name									ООВ		
	ı	Medication A	dministered			Person Ad Medio	ministering cation		Person Witnessing Dosage			
Date		me	Time of		Method of					Confirmat	ion	
of Medication Administered	Time & Date of last dosage administered (Home or School)	ime & Date of last dosage dosage to be administered administered (Home or		Dosage administration Given (example: oral)		Name	Signature Na		ne	of dosage and identity of child		Signature