

Albany Hills OSHC Medication Authority and Administration Form



Authorisation and Medication Details

Child's Name		DOB	
Name(s) of medication(s) to be administered:			
Time/s the medication is to be administered during a 24-hour period. (Home and School)			
Time/s medication is required to be administered whilst at OSH.			
Dosage of medication to be administered		Can the child self-administer medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Method (e.g. oral) medication to be administered			
Medication Authorisation Start Date and Expiry Date	Date Started:	<i>(valid until 3 months after start date)</i>	Expiry Date:
Any additional instructions or information (i.e. medication required to be refrigerated)			

I,[parent or person named in enrolment form], give authorisation for the medication(s) listed above to be administered by the service, as described.

- 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		Date	
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