



MEDICATION AUTHORISATION

Child Name:		Date of Birth:	
Educator Name:		Date:	

Completed By Parent/Guardian					Completed By Educator			
Name of Medication	Last Administered	To Be Administered	Dosage to be Administered	Parent/Guardian Signature	Administered	Dosage Administered and Method	Educator Signature	Parent Signature
	TIME & DATE	TIME & DATE			TIME & DATE			

***NOTE: All medications must be clearly marked with the name of the medical practioner and child's name on the original container.**