

Form Number: E/28

CABONNE FAMILY DAY CARE 103 Bank Street, Molong NSW 2866 (02) 6392 3219 | fdc@cabonne.nsw.gov.au



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