## Medication Authority Form and Record

Authorisation of Consent  
By signing this Administration of Medication Record, I give permission for my ELV centre’s educators to administer the prescribed medication in accordance with the *ELV Administering Medication Policy and Procedure,* andI acknowledge that:

* medication will only be administered as directed by the authorised health practitioner and only to the child for whom the medication has been prescribed
* the first dose of a new medication has been completed at home **except** in a medical emergency
* expired medications will not be administered
* medication **MUST** be in its original container/packaging with the original label attached
* a separate form must be completed for each medication if more than one is required.

Authorisation must be provided by a parent or a person named in the child’s enrolment record as authorised to consent to administration of medication.

|  |  |
| --- | --- |
| Child’s full name *(must appear as on medication)* |  |
| Date of birth |  |
| Administration of medication form is valid from | DD/MM/YYYY to DD/MM/YYYY |
| Parent/carer signature |  |
| Date |  |

### Medication details

|  |  |
| --- | --- |
| Name of medication *(as shown on packaging)* |  |
| Dosage – mL or units (for liquids) OR number of tablet/sachets (for solids) *Please consider if dosage is related to weight* |  |
| Additional instructions (e.g. method of administration) |  |
| Authorised health practitioner prescribing medication |  |
| Expiry date/Use-by date |  |
| Reason for medication to be administered |  |
| Storage instructions for medication |  |

Medication Record

**Child’s name: Date of birth:**

**To be completed by the parent/carer**

**To be completed by the educator when administered**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of medication** | **Time late administered** | **Date last administered** | **Time to be administered** | **Date to be administered** | **Dosage to be administered** | **Method of administration** | **Signature of parent/carer** | **Time medication administered** | **Date medication administered** | **Dosage administered** | **Method of administration** | **Name of educator administering** | **Signature of education administering** | **Name of witness** | **Signature of witness** |
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Source: ELV Administering Medication Policy and Procedure