Albany Hills OSHC Medication Authority and Administration Form

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OS.H.C

Authorisation and Medication Details											
Child's Name			ı	DOB	1	/					
Name(s) of me administered:	dication(s) to be										
administered of	dication is to be luring a 24-hour period. ne and School)										
Time/s medica administered v	tion is required to be vhilst at OSH.										
Dosage of med administered	lication to be		Can the medicat		f-administer	Y/N					
Method (e.g. o administered	ral) medication to be										
Medication Au Start Date and		Date Started:/ (valid until 3 months after start date) Expiry Date://									
	instructions or e. medication required ted)										
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									

Administration Record													
c	Child's Name			DOB /								1 ,	1
	ı	Medication A	dministered			Person Administering Medication			Person Witnessing Do				
Date of Medication Administered	Time		Time of		Method of				Confirm		ation		Parent
	Time & Date of last dosage administered (Home or School)	Amount of last dosage administered	dosage to be administered at OSH.	Dosage Given	administration (example: oral)	Name	Signature	Nam	of docs		ge tity Signa	Signature	Initial

Administration Record													
c	Child's Name			DOB /								1 ,	1
	ı	Medication A	dministered			Person Administering Medication			Person Witnessing Do				
Date of Medication Administered	Time		Time of		Method of				Confirm		ation		Parent
	Time & Date of last dosage administered (Home or School)	Amount of last dosage administered	dosage to be administered at OSH.	Dosage Given	administration (example: oral)	Name	Signature	Nam	of docs		ge tity Signa	Signature	Initial