

# Albany Hills OSHC Medication Authority and Administration Form



## Authorisation and Medication Details

<b>Child's Name</b>			<b>DOB</b>	/	/
<b>Name(s) of medication(s) to be administered:</b>					
<b>Time/s the medication is to be administered during a 24-hour period. (Home and School)</b>					
<b>Time/s medication is required to be administered whilst at OSH.</b>					
<b>Dosage of medication to be administered</b>			<b>Can the child self-administer medication?</b>	Y / N	
<b>Method (e.g. oral) medication to be administered</b>					
<b>Medication Authorisation Start Date and Expiry Date</b>	Date Started: ___ / ___ / ___ (valid until 3 months after start date)		Expiry Date: ___ / ___ / ___		
<b>Any additional instructions or information (i.e. medication required to be refrigerated)</b>					
<p>I, .....[parent or person named in enrolment form], give authorisation for the medication(s) listed above to be administered by the service, as described.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> 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.</li> </ul>					
<b>Signature</b>			<b>Date</b>		



