

Lake Macquarie Family Day Care
A Quality Education and Care Option for Our Community
Ph: 02 4921 0156
Email: familydaycare@lakemac.nsw.gov.au

TRIM File
F _____ / _____
D _____



PARENT AUTHORITY - MEDICATION - AND ADMINISTRATION RECORD

As required under National Regulations 90, 92, 93 (and 95) for the administration of any prescribed or over-the-counter medication, or natural/herbal preparation / treatment (as prescribed by an appropriately registered practitioner).
Keep the record securely and confidentially, and retain for 3 years after the child has left the service as required under National Regulations 177, 182, 183.
FDC Educators forward to the Office once completed.

Period of authorisation

- Child name: _____ DOB: _____
- Educator: _____
- Authorisation start date: _____ until end: _____ (maximum 3 months)

Medication Details

- Medication name: _____ expiry: _____
- reason for needing: _____
- Last administered: date: _____ time: _____ am / pm

Administration instructions

- To be administered: time/s: _____ date/s: _____
- OR** to be administered - circumstances: _____
- Dose: _____
- manner (eg, oral, apply to rash, spacer, before food, etc) _____

Authorisation

- Name of person authorised to consent to administering medication: _____
- Signature: _____ Date: _____
- Emergency contact ph: _____
- Is the child able to self-administer (SCHOOL CHILDREN ONLY)? N / Y ↓

***NOTE: Authority to self-administer must be accompanied by:**

- Letter of instruction from child's medical practitioner outlining
 - Procedure to administer the medication
 - Dosage and frequency of use of the medication
 - Verification that the child has been instructed on self-administering the medication
- Current Health Care Need / Medical condition Management Plan
- Risk Minimisation and Communication Plan

Educator check

- Medication is in original container / packaging – if prescription, has original label with child's name
- Expiry / use-by date is current
- Medication is stored according to instructions on the packaging
- instructions for administering are consistent with the label, or medical practitioner instructions

Last Administered		ADMINISTRATION RECORD					
date	time	Date	time	dose	manner	School child self-administered? Y / N	Educator signature

'The information is being collected in compliance with the principles of the Privacy and Personal Information Protection Act 1998 and accordingly will only be used for the purpose for which it is being collected, in emergencies or as otherwise required or authorised by law'.

