

MEDICATION AUTHORITY PERMISSION FORM

PERMISSION

I, _____ (parent/ guardian) authorise _____ (name of program) of _____ church to administer the following medication to my child _____ (child's name).

Child's surname:	Child's first name:
Medication:	
Expiry date:	Dosage of each administration:
Times of day to be administered:	
Special instructions:	

I understand that **PRESCRIPTION** medication can only be given to my child if the medication is (please tick in presence of parent as each item is checked):

- in its original packaging
- has been prescribed for the above child
- is in a container bearing a pharmacy label showing the child's name
- has a current use by date
- has clear instructions

I understand that **NON-PRESCRIBED**, homeopathic, herbal or naturopathic medication will only be administered if (please tick in presence of parent as each item is checked):

- it is in a container with a label containing the child's name
- the name of the medication is clear
- there is a current use by date
- there are instructions or a letter from a pharmacist or the registered health professional

I understand that for any long-term medication, I must provide a letter from my doctor which states:

- the health condition being treated
- the purpose of the medication
- instructions on its administration
- side effects to monitor for
- an **emergency or first aid care plan** if relevant
- a date to review medication

EMERGENCY DETAILS

Emergency contact person/s:

Contact number/s:

Doctor's name:

Doctor's contact number:

Doctor's address:

I agree that I will ensure that any changes to this information are advised in writing as soon as possible.

SIGNATURE

Parent / Guardian's signature:

Date:

Parent / Guardian's name (please print):

Representative of church's signature:

Date:

Representative of church's name (please print):