Northwest
Community Childcare
happy caring connected

Medication Authority Form

I, _____ (Parent/Guardian Name)

being the Parent/Guardian of _____ (Child's Name)

*ask the staff of **Northwest Community Childcare** to administer the following medication as prescribed by my child's doctor.*

Doctor: _____ Phone Number: _____

Medication (name): _____ Expiry Date: _____

Reason for Medication: _____

Dosage to be Administered: _____

Date and Time of Last Dosage: _____

Time to be Administered: _____ AM

Any Circumstances of Administration: _____

Method of Administration: _____

MY CHILD IS ALLOWED TO SELF ADMINISTER THEIR MEDICATION: NO

Parent/Guardian Signature: _____ **Date:** _____

Staff Use Only:

Date	Time	Dose	Manner of Administration	Full Name and Signature of Administer	Full Name and Sign of Witness

Northwest Community Childcare
happy caring connected

Medication Authority Form

Note: This information MUST agree with the label.

Medication Administered From (Date) ___/____/____ To (Date) ____/____/____

Date	Time	Dose	Manner of Administration	Full Name and Signature of Administer	Full Name and Sign of Witness

Northwest Community Childcare ABN 95 244 959 102
G11/320 Annangrove Road, Rouse Hill NSW 2155
Phone 02 8678 0279 **Email** admin@nwcc.com.au **Website** nwcm.com.au/childcare