

CS36 KU Policies and Procedures Authorisation and Administration of Medication and Medical Procedures



This form is to be completed for **all medications and medical procedures** including prescription, non-prescription, homoeopathic and herbal preparations.

STAFF TO COMPLETE: CATEGORY OF MEDICATION/MEDICAL PROCEDURE

- CATEGORY 1 MEDICATION
- CATEGORY 2 MEDICAL PROCEDURE
- CATEGORY 3 MEDICAL PROCEDURE

SECTION 1: MEDICATION AUTHORITY (To be completed by Parent/Guardian/Caregiver for Cat. 1 and only by Parent/Guardian for Cat. 2 and 3.)

Child's Name: _____ Date of Birth: _____
(First Name) (Family Name)

Name of Medication: _____ Expiry Date: _____

Reason for Medication: _____

How long does this medication need to be administered? (Please indicate)

Today Only - Date (today's date) _____

For 2 or more consecutive attendance days (e.g. course of antibiotics or nebuliser)
Date of Start _____ Date of Finish _____

When symptoms occur (e.g. coughing or wheezing for asthma)
Please specify details of symptoms:

DETAILS OF ADMINISTRATION

Dosage _____ Actual Times to be Administered (e.g. 1.30pm) _____

Before Food _____ With Food _____ After Food _____

Prescribing Doctor's/Practitioner's Name: _____ Ph. No: _____

Parent's/Guardian's/Caregiver's Name: _____ Ph. No: _____

Signature: _____ Date: _____

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Staff Member Receiving the Medication: _____

Signature: _____ Date: _____

NB Staff can only administer medication if the information agrees with the label and has a current use by date. Prescribed medication can only be administered to the child whose name is on the label.

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SECTION 2: ADMINISTRATION OF MEDICATION AND MEDICAL PROCEDURES

(To be Completed by Staff When Administering the Medication)

NB: WHEN ADMINISTERING MEDICATION STAFF MUST CHECK DETAILS COMPLETED BY PARENTS/GUARDIANS/CAREGIVERS ON THE FRONT OF THIS FORM.

Date	Dosage	Time	Administered By		Checked & Witnessed By		Comments
			Name	Signature	Name	Signature	