Merinda Park Learning & Community Centre Inc
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Melways Ref. 129 F8
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Medication Authorisation Form

All medication needs to be, in the original container, clearly marked with the child's name and dosage as per prescribed medication. Over the counter medication must be accompanied by authorisation from a Medical Practitioner with the above-mentioned criteria outlined including a date range that the medication is relevant for.

Child's Name: _____ D.O.B: _____ Date authorised from: _____

Name of medication: _____ Dosage to be given: _____

Medication in child's name: ☐ Yes ☐ No. If no, do not administer. Time to be given: _____

Indicators: _____ Name of authorised person: _____ Signature: _____

Date	Time Actual Dose Given	Administer by: Name & Signature	Checked By: Name & Signature	How is medication administered eg: orally	Expiry Date on Medication	Is the expiry date still valid
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No

Date	Time Actual Dose Given	Administer by: Name & Signature	Checked By: Name & Signature	How is medication administered eg: orally	Expiry Date on Medication	Is the expiry date still valid
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No