**Medication authorization form and record**

**For use with the medication and asthma policy and procedure, and the health and hygiene policy and procedure.**

Prescribed medicines will be administered only with the written agreement of the parent/carer, when provided in their original container and with all possible side effects listed. In order for your child to receive prescribed medication while in Cwmlai Playgroup’scare you must give your written consent by completing and signing the **medication authorisation form** and the **record of medication administered form** on each day the medication needs to be administered.

**Medication authorisation:**

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| 1. Full name of parent/carer completing form: |  |
| 1. Relationship to child. |  |
| 1. Full name of child taking medication: |  |
| 1. Full Address |  |
| 1. Date of birth of child (named above): |  |
| 1. Illness/Condition (purpose of medication) |  |
| 1. Full name of medication to be administered: |  |
| 1. Expiry date of medication: |  |
| 1. Start Date of medication |  |
| 1. End date of medications |  |
| 1. Dates and/or times to be administered |  |
| 1. Required dosage |  |
| 1. Method of administering medication   e.g. 5ml spoon, spacer for administering Ventolin |  |
| 1. Special requirements |  |
| 1. Possible side effects |  |
| 1. Storage instructions |  |
| 1. Arrangements in an emergency   Emergency contact name |  |
| 1. Emergency contact address |  |
| Phone number |  |
| Relationship to child |  |
| 18. Does the administration of medication require technical or medical knowledge? | □ Yes □ No  If yes, provide details: |
| **Consent and Signature of parent/carer**  **Date** | |
| **Name of Cwmlai Playgroup’s delegated representative:**  **Signature: Date:**  **This also confirms that Cwmlai Playgroup has checked that the medication conforms to their insurance requirements and - as applicable - the medication was administered by an adult who has been trained by a qualified health professional.** | |

**Record of medication administered to *(name of child)*:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dose (amount) to be given:** | **Date and time of last dose:** | **Date and time of next dose due:** | **Date and time of dose given:** | **Actual amount given:** | **Dose given by:** | **Observed by:** | **Notes of any follow-up effects on child** | **Any relevant additional comments** | **Parent/carer signature:** |
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| This **medication authorisation form and record** of medication administered was passed for use in Cwmlai Playgroup  On: 08/09/2023  By: Mair Harris Position: Leader  Date of planned review: September 2024 |