

Authority to Give Medication Form

PARENT/GUARDIAN TO COMPLETE THIS SECTION						
<i>Date/s attending</i> <small>(list all sessions your child is booked into)</small>						
<i>Child's Full Name</i>				DOB		
<i>Is the medication in the child's name</i>		Yes / No				
<i>Name of medication</i>						
<i>Expiry date (MUST BE FILLED OUT)</i>						
<i>Checked by ExN Staff (print name)</i>						
<i>Dosage required</i>						
<i>Time/s medication is required today</i>						
<i>Medical Action Plan attached (If Applicable)</i>		Yes / No				
<i>Location of medication</i> <small>(usually in front pocket of ExN backpack)</small>						
<i>Method for administration</i> <small>(i.e. oral)</small>						
<i>Time and date medication was last administered</i>						
<i>I authorise any Educated by Nature facilitator to administer the medication stated above as required</i>						
<i>Parent/Guardian Name</i>						
<i>Parent/Guardian Signature</i>						
FACILITATOR TO COMPLETE THIS SECTION						
Date	Time	Medication	Dose	Staff member administering medication	Witness Staff member	