



## MEDICATION PERMISSION FORM

National Regulations 93-96 & 168

In accordance with the National Regulations Administration of Medication, and in the interest of children's safety and wellbeing, this Service will only administer medication if it is in its original container with the dispensing label attached. The label should list the child as the prescribed person, the strength of the drug and the frequency it is to be given. This applies to all medications, regardless of whether they are non-prescription medications (such as anti-histamines, etc...) or prescription medication (such as Ventolin).

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Child's Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Medical Practitioner/Pharmacist: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Date Prescribed: \_\_\_\_\_

Expiry Date of Medication: \_\_\_\_\_ Storage Requirements: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Possible Reactions/Side Effects: \_\_\_\_\_

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I request that the above medication be given in accordance with the instructions below. Please list any detailed instructions in the space below.

Route (oral, inhaler): \_\_\_\_\_ Dosage (thin layer, number of drops/ml/tablets): \_\_\_\_\_

Frequency (how often, regular times, hourly, every 4-6 hours): \_\_\_\_\_

Before or after food: \_\_\_\_\_ Ongoing Medication:  Yes  No

Further Information/Instructions: \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Educator Name: \_\_\_\_\_ Educator Signature: \_\_\_\_\_ Date: \_\_\_\_\_