

Administration of Authorised Medication by the Service

Separate form required for each medication.

Completed by educator

Child's full name _____

Full of Name of Medication	Expiry or Use-By Date	Circumstances for Administration	Dosage Required	Administration Instructions
<ul style="list-style-type: none">○ Original Container○ Original Label○ Child's Name Clearly on Label				

Any Additional Instructions (if necessary)

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Storage Instructions including Location of Storage

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