

# Self-Administration of Authorised Medication

Children over preschool age only. 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 Self-Administration	Dosage Required	Self-Administration Instructions
<ul style="list-style-type: none"><li>○ Original Container</li><li>○ Original Label</li><li>○ Child's Name Clearly on Label</li></ul>				

**Any Additional Instructions (if necessary)**

**Storage Instructions including Location of Storage**