



Le Smileys Early Learning Centres

Medication Form

DATE: _____

NAME OF CHILD THE MEDICATION IS TO BE ADMINISTERED TO:

_____ DOB: _____

Reason for Medication _____

Authorisation: I, _____ (Parents/Guardians name) **authorise** Senior Educator to administer this medication to my child. Parent/Guardian Signature: _____

| Date | Name of Medication | Medication Expiry date | Storage of medication | Last Administered | Time to be Administered | Dose Administered | Method of Administration Oral, Topical, Inhaled | Parent Signature |
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ACCEPTED BY SENIOR EDUCATOR:

NAME: _____ SIGNATURE: _____

NOTE:

- * The dose of the medication required should be the same as the required dose on the bottle.
- * All medication is to be left with your child's senior educator, administered and verified by an authorised person. **Please do not leave medication in your child's bag**

STAFF USE ONLY

Staff - two staff members must check all medication before it is administered.

| Date | Name of Medication | Time Administered | Dose Administered | Method of Administration Oral, Topical, Inhaled | Staff Name & Signature | Staff Name & Signature |
|------|--------------------|-------------------|-------------------|--|------------------------|------------------------|
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