

(EL) Request to Administer Medication and Record

This form supports the operational requirements of Administration of Medication Policy available to parents on our website.

Please complete this form and provide with your child's required medication to your child's Early Learning Centre. This form, and the medication must be handed by a parent/carer to the **Responsible Person** on duty at the centre.

One medication per form.

If there is a Medical Management Plan or information from the Doctor that you believe the Early Learning Centre should know, please attach a copy with this form.

For the protection of all children, including those needing to take medication, ALL medications must be handed to the Responsible Person to be stored in an appropriate locked medication storage unit, at the service, they must not be carried in or left in children's bags.

Medication must be in the original pharmacy dispensed packaging with the child's name and dosage clearly labeled.

It is the Parent /Carer responsibility to ensure that they provide enough of (in date) medication to the service for the required dosage to be given, for the required length of administration time.

MEDICATION ADMINISTRATION INFORMATION	
Child's Name:	
Medication Name:	
Dosage Required:	
Time(s) to be given:	
Start Date:	
End Date:	<div>Or, will this be ongoing treatment:</div> <input type="checkbox"/> Yes <input type="checkbox"/> No
Will parent/carer need to collect medication at end of each day.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does medication need to be kept in the refrigerator:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a <i>Medical Management Plan</i> or Doctors report provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information	

I request the staff caring for my child at ELC to administer the above-named medication to my child as per directions outlined on this form in accordance with the medical instructions provided and the Administration of Medication Policy.

Name

Signature

Date

OFFICE USE:

Action	By	
Check <i>Request to Administer Medication Form</i> is complete, instructions match medication label, form is signed by child's parent or responsible person named in child's enrolment.	Responsible Person	<input type="checkbox"/>
Check parent/carer has signed Medication Drop Off Record section.	Responsible Person	<input type="checkbox"/>
Check Medication is clearly labeled with child's name.	Responsible Person	<input type="checkbox"/>
Checked storage requirements, medication stored in either fridge or shelf locked cabinet. Refer to <i>Administration of Medication Procedure</i> for (EpiPen®/AnaPen®) storage terms.	Responsible Person	<input type="checkbox"/>
Alarm set for when medication is to be administered.	Responsible Person	<input type="checkbox"/>
<i>Request to Administer Medication and Record Form</i> is stored per procedures Step 1, section 4.	Responsible Person	<input type="checkbox"/>
On completion of treatment, scan and file per procedures, Step 1, section 10	Responsible Person	<input type="checkbox"/>

Medication Drop Off/Collected Record

Each time the medication is delivered to the service, or collected from the service, it needs to be recorded here.

Date	Time	Action	Parent/Carer	Staff
		<input type="checkbox"/> Medication Delivered / <input type="checkbox"/> Medication Collected		
		<input type="checkbox"/> Medication Delivered / <input type="checkbox"/> Medication Collected		
		<input type="checkbox"/> Medication Delivered / <input type="checkbox"/> Medication Collected		
		<input type="checkbox"/> Medication Delivered / <input type="checkbox"/> Medication Collected		
		<input type="checkbox"/> Medication Delivered / <input type="checkbox"/> Medication Collected		
		<input type="checkbox"/> Medication Delivered / <input type="checkbox"/> Medication Collected		

If further lines are required see: '(Additional) Medication Drop Off/Collected Record Form – attach to this page

Medication Administered Record

Date	Time	Medication Name	Dosage Given	Responsible Person	Educator witness

If further lines are required see: '(Additional) Medication Administered Record – attach to this page