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Authorisation To Administer Medicine Whilst In Family Day Care.

Section A: To be completed by the parent. For all prescription medicines.

I give permission for to administer the following
(Educator Full Name)

medication to my child(full name).

For the treatment of:			Doctor / Therapist: Phone:		
Name of medicine	Dosage Amount	Dose Rate (eg once a day, hourly)	Time	Period of medication (days/wks)	End of course of medication (date)
Reason for treatment / special instructions eg tonsillitis – dose to be taken with food					
Parent Signature:			Date:		

Section B: To be filled out by the educator.
Medication / Therapy dosage checked and given to:-

Child (full name)

Medicine given by (full name)	Name of medicine	Date	Dosage given	Time	Educator Initial

All medication forms are to be returned to the office at the end of treatment. The scheme/educator is required to retain all medication forms for a period of 3 years after the child's last attendance and forms will be placed in the children's files. Regulation: Education & Care Services National Regulations 2001 (92) (183).

'This information is being collected with the principles of the Privacy and Personal Information Protection Act 1998 and accordingly will only be used for the purpose of which it is being collected.'

COMPLETED FORM TO BE FORWARD TO THE OFFICE FOR PROCESSING

OFFICE USE ONLY:

Copy to be returned to educator via co-ordinator. ENTERED Initial: Date: