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Authorisation To Administer Medicine Daily Whilst In Family Day Care.

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

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

medication daily 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 Name:					
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

