



MANUAL: CHILD HEALTH AND SAFETY

SECTION: CHILD MEDICATION

Medication of Children

MEDICATION REQUEST FORM – CATEGORY THREE

I request the staff of Pelorus Community Preschool to administer the following medication to my child - _____ (child's full name)

Name of Medicine _____

From _____ Until _____ Expiry date of medication _____

Please note – the maximum time this form can be used is 3 months then a new form will need to be completed.

MEDICATION TO BE ADMINISTERED (please specify symptoms and time to be administered)

Directions for administering medication

Medication is stored: _____

I _____ authorise the permanent staff of this preschool to administer medication to _____ (child) as directed above. I have been made aware of where my child's medication is being stored.

SIGNED: Parent/Guardian _____

DATE: _____

Name of Staff member accepting medicine _____ Signature _____

Date	Time	Name of Medication	Dosage	Signature of person administering	Verification from another staff member	Parent/guardian acknowledgement that medicine administered.

