# Medication Authority Form

Child' Name: _____ Date of Birth: _____

**Child's Room**: (please circle) ***Baby Bears*** ***Mighty Monkeys*** ***Terrific Tigers*** ***Wallabies***

**Please note we are only able to administer prescription medications as per our policy**. Prescription medicines need to be in original packaging with the pharmacy sticker clearly identifying who it is prescribed for and the dosage amount and frequency. Over the counter medications can only be administered when accompanied by a letter from your doctor stating the reason for the medicine and dosage. Staff are unable to administer medications outside these conditions.

Name of medication: _____ Expiry date of medication: _____

Administration of Medication: _____

| Date | Dosage to be given | Time Required | Time last Given | Parent Signature | Time Given by staff | Dosage Given by staff | Staff name and signature | Witness Name and signature |
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