



# MEDICATION ADMINISTRATION AUTHORITY FORM

Medication with a prescribed label only will be administered  
 Childs name, dosage and expiry date must be clearly visible on the packaging  
 Prescribed dosage will be administered only  
 A child must have been on the medication for a minimum of 24 hours before staff will be responsible  
 for administering

I hereby authorise the direct administration of medication to:

Child's Full Name:	Date of Birth:	Parent / Authorised Nominee Name:	Parent / Authorised Nominee Signature:
Name of Prescribed Medication:	Dosage amount to be administered:	Expiry date:	Manner: ( ie Syringe )
Special Instructions re: administration (i.e. before or after food)	Reason for Medication:	Name of Prescribing Doctor:	Name and Phone Number of Medical Centre:

**\*\*Please note that prescribed medication will only be administered over one prescription. If the medication is requiring a 2<sup>nd</sup> prescription or repeat a letter from the initial prescribing doctor must be given outlining the child's name, expiry date, name of medication and dosage**

**PARENT TO COMPLETE EVERY DAY**

**STAFF TO COMPLETE**

**PARENT**

Day & Dates to be administered	Time / date of last dosage	Time next due	Parent Sign	Right Child ✓	Right Medication ✓	Right Time ✓	Right Amount ✓	Right Manner ✓	Medication Procedure Followed ✓	Staff Administration Print & Sign	Staff Witness Print & Sign	Parent Sign

## MEDICATION ADMINISTRATION PROCEDURE

- Ensure authorised witness is at administering location
- Check Medication has prescription label and the details match medication form, confirm with witness
- Check medication, confirm details on prescription label, confirm with witness, compare /confirm prescription label & medication form
- Confirm, complete right child, right medication, right time on the rights checklist
- Administrator measures dosage into syringe or medicine cup, confirm with witness
- Confirm, complete right amount on rights checklist
- Administrator to verbally repeat the 5 rights on the checklist, witness to confirm, complete right manner
- Administrator administers medication to child
- Witness observes the whole procedure of administration, but DOES NOT administer
- Both the administrator and witness signs the form
- Offer the child a drink
- Administrator to sit with the child and supervise for 1-2 minutes after dosage
- Witness put medication back into clearly labelled and secure medication are