



MEDICATION ADMINISTRATION AUTHORITY

EDUCATOR DETAILS

FDC

First Name:	Surname:
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PARENT/GUARDIAN DETAILS

First Name:	Surname:
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CHILD DETAILS

First Name:	Surname:
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MEDICATION DETAILS

Name of Medication:	
Reason for Medication:	
Prescriber of Medication:	
Method of Administration:	<input type="checkbox"/> Oral <input type="checkbox"/> Inhale <input type="checkbox"/> Apply <input type="checkbox"/> Inject
Dosage to be given:	
Time/s to be given:	
Time of last dosage given:	

Parent/Guardian comments / observation / notable side effects:

I authorise the Educator named above to administer medication to my child named above as per the directions stated.

Parent/Guardian Signature:	Date: ____ / ____ / ____
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EDUCATOR USE ONLY

Name of Medication:					
Method of Administration:	<input type="checkbox"/> Oral <input type="checkbox"/> Inhale <input type="checkbox"/> Apply <input type="checkbox"/> Inject				
Dosage given:					
Time/s given:					
Comments / Side effects					

Educator Signature:	Date: ____ / ____ / ____
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For more information, please see YMCA Family Day Care Policy Manual – Section: Health and Safety

YMCA Family Resource Centre
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<https://ymcawa1.sharepoint.com/sites/YConnect/FRC/Data/YMCA/Service Forms/Family Day Care/Medication Administration Authority.doc>