ONGOING MEDICATION ADMINISTRATION AUTHORITY

REMINDER: This form needs to be updated on Date _____/_____/_____ Not valid after this date

This form is to be used when medication needs to be administered on an ongoing basis eg preventative inhaler for asthma. This form is also designed for medications that may need to be administered on occasions due to the onset of symptoms eg asthma, anaphylaxis, allergies, epilepsy and ADD etc. One form is to be completed per medication.

EDUCATOR DETAILS ☐ **FDC**

First Name:	Surname:

PARENT/GUARDIAN DETAILS

First Name:	Surname:

CHILD DETAILS

First Name:	Surname:

MEDICATION DETAILS

Name of Medication:	
Reason for Medication:	
Prescriber of Medication:	
Method of Administration:	☐ Oral ☐ Inhale ☐ Apply ☐ Inject
Dosage to be given:	
Time/s to be given:	
Time between doses:	

Parent/Guardian comments / observation / notable side effects:

_____

_____

Special instructions to be followed:

_____

_____

Symptoms requiring the medication (only complete if medication needs to be administered on occasions due to the onset of symptoms)

_____

_____

I authorise the Educator named above to administer medication to my child named above as per the directions stated. This authorisation is effective from the date of signing and is valid for three (3) months.

Parent/Guardian Signature:	Date: _____ / _____ / _____

YMCA Family Resource Centre
PO Box 1201, Busselton WA 6280
Telephone (08) 9752 4033
Email info.frc@ymcawa.org.au

EDUCATOR USE ONLY

Name of Medication:									
Method of Administration:	☐ Oral ☐ Inhale ☐ Apply ☐ Inject								
Date	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Dosage given									
Time/s given									
Comments / Side effects									
Educator Signature									
ParentGuardian Signature									

Name of Medication:									
Method of Administration:	☐ Oral ☐ Inhale ☐ Apply ☐ Inject								
Date	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Dosage given									
Time/s given									
Comments / Side effects									
Educator Signature									
ParentGuardian Signature									

Educator Signature:	Date: _____ / _____ / _____