



Administration of Short Term Medicine

We will only administer medicines in the setting that have been prescribed by a doctor, and must be in their original bottle and package, with the date and dosage clearly visible. A designated person will be responsible for the administration of medicine.

A New Form should be completed for each new treatment. Under no circumstances should this form be used a "Blanket Permission".

Name of Child:

Reason for and type of medicine to be administered:

Medicine Batch Number/ Date of Expiry

Date of Medication to be commenced:

Date of Medication to be ceased:

Print Name:

Signature of Parent/ Carer:

Date:

Print Name:

Signature of Playleader/Supervisor

Date:

Please Fill out the form on the Reverse

Sign:

Updated:

Type of Medicine:

Time and Required Dosage

Date & Time medicine previously administered by parent/carer	Signature of Parent & Carer.	Date & Time, Medicine administered by F.I.S.H Staff.	Signature of Staff who administered Medicine

Countersignature of Parent/Carer:

Sign:

Updated: