

## Medication Authorisation Form 2022

Name of child ..... D.O.B..... Today's date.....

Name of Medication .....

Reason for medication .....

Dose..... Time / Frequency .....

Route:  Oral  Topical (on skin)  Inhaled  Injection  Other

Date start..... Date to stop..... Expiration .....

Additional Instructions / Comments .....

.....  
.....  
.....

Known side effects.....

.....

### FOR PRESCRIPTION MEDICATION

Prescribing Health Care Provider.....

Phone number .....

Staff member signature .....

Staff member signature .....

I authorise (Setting name) ..... staff member to administer the medication named above to my child in the manner stated. I release any liability in relation to the administration of the medication. I also acknowledge that I, the parent/ gaurdian, have given the first dose of this medication without any allergic or unexpected reations.

parent / guardian printed name ..... Date signed.....

parent / guardian signature .....

### RETURN OF MEDICATION

Return Date..... Parent signature.....

Staff signature.....