



Notice for the Centre

MEDICATION PLAN

CONFIDENTIAL

To be completed by the PRESCRIBING DOCTOR and the PARENT/GUARDIAN for a child or student who requires administration of medication at child care.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

To The Doctor

Please:

- Complete all sections of this form
- Schedule medication outside child care hours wherever possible
- Be specific: **As needed** is **not** sufficient direction for staff members – they need to know exactly when medication is required.
- sufficient direction for staff members – they need to know exactly when medication is required.

Please note that child care workers:

- Accept only medication which has been ordered by a doctor and is provided in the original, fully labelled pharmacy container
- Do not monitor the effect of medication as they have no training to do this
- Are instructed to seek emergency medical assistance if concerned about a child's behaviour following medication

Name of child: Date of Birth:

Plan effective from: To:.....

MEDICATION INSTRUCTIONS (please print clearly)	Time (please tick)	
Medication name and form (eg liquid, capsule, ointment)	6:30	
	7:30	
	8:30	
Dose	9:30	
	10:30	
	11:30	
Route (eg oral or inhaled)	12:30	
	13:30	
	14:30	
Any other instruction	15:30	
	16:30	
	17:30	
	18:30	

AUTHORISATION AND RELEASE

Medical practitioner Professional Role

Address

..... Telephone

Signature Date

I have read, understood and agreed with this plan and any attachments indicated above.

I approve the release of this information to childcare staff and emergency medical personnel.

Parent/guardian Signature Date

Family name (please print) First name (please print)