

# MEDICATION – AUTHORITY to ADMINISTER (SHORT-TERM)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

To be completed by the Parent/Authorised Nominee							
Name of medication	Last administered		To be administered		Dosage to be administered	Method of administration	Signature of parent
	Date	Time	Date	Time			
To be completed by educator/s when administered							
Medication administered		Dosage administered	Method of administration	Name of educator administering	Signature of educator administering	Name of witness	Signature of witness
Date	Time						