

MEDICATION AUTHORITY FORM

I _____ (Parent/Guardian) authorise _____ (name of programme) at _____ (name of church) to administer the following medication to my child _____ (Child). I understand the potential risks and side effects of this medication for my child.

Child's name:

Medication:

Expiry Date:

Dosage of each administration:

Times of day to be administered:

Special instructions:

I understand that PRESCRIPTION medication can only be given to my child if the medication is (please tick in presence of parent as each item is checked):

- in its original packaging
- has been prescribed for the above child
- is in a container bearing a pharmacy label showing the child's name
- has a current use by date
- and clear instructions

I understand that NON-PRESCRIBED, homeopathic, herbal or naturopathic medication will only be administered if (please tick in presence of parent as each item is checked):

- it is in a container with a label containing the child's name
- the name of the medication is clear
- there is a current use by date
- there are instructions or a letter from a pharmacist or the registered health professional

I understand that for any **long term medication**, I must provide a letter from my doctor which states:

- the health condition being treated
- the purpose of the medication
- instructions on its administration
- side effects to monitor for
- an **emergency or first aid care plan** if relevant
- a date to review medication

Doctor's name, address and phone number:

Emergency contact names and numbers for child:

I agree that I will ensure that any changes to this information are advised in writing as soon as possible.

Parent/Guardian Signature: _____

Parent/Guardian Name (Please print): _____

Representative of Church's Signature: _____

Name (Please print): _____ Date: _____