## SHARE Before and After school and Vacation Care.

## **Medication Authorisation and Record.**

One off medication.					ious M	edicatio	n.	Please circle						
		Childs Na	me:											
	ledication and /or tablets will only be administrated by SHARE if the child has a written authorisation from either a Medical Practitioner or parent/guardian/carer. This form will need be filled out before administration any type of medication. (National Law: Section 167 National Regulations: 92-96. 178. 181-184													
				To be	compl	eted by	parent/gi	uardian/carer.						
Name of medication And dosage	Time to be administered	Method of administration	Is this medication to be give daily or weekly.	Is this medication to be given on an ongoing basis		Will this medication be required to be given until further notice		Name of person signing this authorisation. Parent/ Guardian/Carer	Signed by: Parent/Guardian/Carer	Date:				
				YES	NO	Yes	No							

	To be completed by the Educator when administered.														
Medication Administered		Dosage To be given	Method of administering	Name of Educator administering medication	Signature of Educator administering	Name of Witness	Signature of witness	Medication Administered		Dosage administrate d	Method of administerin g	Name of Educator Administering medication	Signature of Educator administrating	Name of Witness	Signature of witness
Date	Time							Date	Time						