

LADY GOWRIE COMMUNITY KINDERGARTENS

ONGOING MEDICATION PERMISSION FORM

In the interest of children's safety and well being, the Service staff will only administer medication if it is in its original container with the dispensing label attached listing the child as prescribed person, strength of drug and the frequency it is to be given.

PLEASE NOTE: AN ONGOING MEDICATION FORM MUST BE COMPLETED IN CONJUNCTION WITH A CURRENT ASTHMA/ALLERGY MANAGEMENT PLAN

Child's Full Name: _____

Medical Practitioner/Chemist etc: _____

Medication:

Name of Medication: _____

Date Prescribed: _____

Expiry Date of Medication: _____

Reason for Medication: _____

Storage Requirements: _____

I request that the above medications be given in accordance with the instruction below:

Ongoing medication dosage administration is as per Management Plan or Medical letter attached.

General Instructions: eg. route (oral, inhaler), dose (eg thin layer, no. of drops/mls/tablets), before or after food. _____

Parents Full Name _____ Date: __/__/__

Signature _____

(Staff are to complete the table on next page each time the medication is administered)

