Long Term Medication Record

Medication MUST be in the original packaging and clearly labelled with the child’s name, the prescribed dosage and the medication’s use by date. Medication will not be administered without written authorisation from a parent/guardian.

<table>
<thead>
<tr>
<th>Date</th>
<th>Child’s Full Name</th>
<th>Age</th>
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Name of Medication to be Administered | Use by Date of Medication |

Date and Time Medication was last administered | Dosage of last Administration |

Date       /       Time

Medical Practitioner prescribing the medicine

Practitioners Phone #    Practitioners Mobile #

Name of the approved Person (as identified in the enrolment form) authorised to consent to administer Medication

Reasons for Medication

Storage Requirements

Date of Prescription       Date and Time of last Dosage

Date /       Time

When symptoms occur

Specific symptoms are

Time Staff need to administer the Medication

Any special instructions on how the Medication is administered

How long does the Medication need to be administered for

☐ Today only     ☐ From /       To /       /       /

Additional Comments

Parent’s Name    Parent’s Signature    Date

Staff’s Name    Staff’s Signature    Date
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<tr>
<th>Date</th>
<th>Dosage</th>
<th>Time medication actually given</th>
<th>Name of staff administering medication</th>
<th>Signature of staff administering medication</th>
<th>Name of staff cross checking medication</th>
<th>Signature of staff cross checking medication</th>
<th>Name of Parent/Guardian when collecting medication</th>
<th>Sign of Parent/Guardian when collecting medication</th>
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This is a sample form only. Community Child Care Co-operative (NSW) considers this form to satisfy what is required under the Education and Care Services National Regulations 2011 and has taken all care in compiling this information. We have done this on the understanding that all members undertake responsibility for assessing the relevance and accuracy of the content for their service’s situation.