Updated May 2022 – Reference Material Education and Care Services National Regulation 2011, A Directors Manual Managing and Early Education and Care Service in NSW (Community Child Care Co-operative), Staying Healthy in Childcare, 5<sup>th</sup> Edn 2012(Regulation 92: Medication record; Regulation 93: Administration of medication; Regulation 94: Exception to authorisation requirement—anaphylaxis or asthma emergency; Regulation 95: Procedure for administration of medication) NQS 2



## Mountain Community Children's Centre Inc.

Providing quality care in a fun, safe and educational environment

## **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.

| Date:   |           |
|---|-----------|
| Child's full name:  |           |
| Name of medication to be administered:  |           |
| Use by date of medication:  |           |
| Date and time medication was last administered:   | / / Time: |
| Dosage of last administration:  |           |
| Medical practitioner prescribing the medication:  |           |
| Practitioner's phone number:  |           |
| Name of approved person (as identified in the enrolment form) authorised to consent to administer medication: |           |
| Reasons for medication:   |           |
| Storage requirements:   |           |
| Date of prescription:   |           |
| When symptoms occur<br>– specific symptoms are:   |           |
| Time staff need to administer the medication:   |           |

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| Any s                              | pecial instructions on how the medication is administered: |   |  |   |   |  |
|------------------------------------|--|---|--|---|---|--|
| How long do                        | bes this medication need to be<br>administered for:        |   |  |   |   |  |
|                                    |  |   |  |   |   |  |
|                                    | Parent signature:  |   |  |   |   |  |
| Date:                              |  |   |  |   |   |  |
| Staff member receiving medication: |  |   |  |   |   |  |
|                                    | Signature:   |   |  |   |   |  |
|                                    |  |   |  |   |   |  |
| Date                               | Dosage   | Time<br>medication<br>actually<br>given | Name &<br>signature of<br>staff<br>administering<br>medication | Name &<br>signature of<br>staff cross<br>checking<br>medication | Parent/Guardi<br>an sign when<br>collecting<br>medication |  |
|                                    |  |   |  |   |   |  |
|                                    |  |   |  |   |   |  |
|                                    |  |   |  |   |   |  |
|                                    |  |   |  |   |   |  |
|                                    |  |   |  |   |   |  |
|                                    |  |   |  |   |   |  |
|                                    |  |   |  |   |   |  |
|                                    |  | 1                                       | 1  | 1   | 1   |  |

See Attachment 1 for Asthma / Ongoing Medication

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