



**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 – specific symptoms are:	
Time staff need to administer the medication:	



**Mountain Community Children's Centre Inc.**  
 Providing quality care in a fun, safe and educational environment

Any special instructions on how the medication is administered:	
How long does this medication need to be administered for:	Today only From ..... / ..... / ..... To ..... / ..... / .....
Parent name:	
Parent signature:	
Date:	..... / ..... / .....
Staff member receiving medication:	
Signature:	

Date	Dosage	Time medication actually given	Name & signature of staff administering medication	Name & signature of staff cross checking medication	Parent/Guardian sign when collecting medication

**See Attachment 1 for Asthma / Ongoing Medication**