



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:	



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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

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