

1D Anzac Rd BANGOR NSW 2234 Telephone/Fax: 9541 4367

E: educators@anzacroadbasc.com.au

W: anzacroadbasc.com.au

MEDICATION AUTHORITY FORM (Please complete one medication form per medication)

Name	of Child	d:								
Medic	ation:									
Specific Instructions:										
Expiry Date:										
Storage Instructions:										
Day (parent) →	Time	Dosage	How to administer?	Time (staff) →	Dosage	How it was Administered?	Staff#1	Staff #2	Parent Signatur	е
I give	permissi	on for m	y child to	receive ⁻	the abo	ve medicat	ion. I have	e providec	d:	
☐ De	ed of Ind		Complete		n plan o	r doctors let	ter) (attad	ched)		
Signed: Date:										



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<u>DEED OF INDEMNITY</u> (One form required for all medication)

In consideration of the members of staff of Anzac Road Before & After School Care and Vacation Care administering medication to my son/daughter
I hereby indemnify and keep indemnified the Anzac Road Before & After School Care Inc. Parent Management Committee and it's officers, staff and agents against all actions, suits, claims, demands, proceedings, losses, damages, compensation, cost, charges and expenses whatsoever in respect of any personal injury or infringement, disturbance or destruction of any rights of any person including myself and my son/daughter
aforementioned administration of medication.
Signed, sealed and delivered by the said(Name and Signature of Parent/Guardian)
In the presence of (print and signed)
On this dayof this monthof this year