

MEDICATION AUTHORITY FORM

(Please complete one medication form per medication)

Name of Child: _____

Medication: _____

Specific Instructions: _____

Expiry Date: _____

Storage Instructions: _____

Date (parent) →	Time	Dosage	How to administer?	Time (staff) →	Dosage	How it was Administered?	Staff full name & Signature #1	Staff full name & Signature #2	Parent Signature

I give permission for my child to receive the above medication. I have provided:

☐ Medical Authority from Doctor (action plan or doctors' letter) (attached)

Note: Action plan / Doctors' Certificate must be updated yearly unless review date is still valid.

☐ Deed of Indemnify Completed

☐ Medication is required prior to commencement

Signed:

Date:

DEED OF INDEMNITY
(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

..... as requested by me.

I hereby indemnify and keep indemnified the Anzac Road Before & After School Care Inc. Parent Management Committee and its 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

arising directly or indirectly out of the aforementioned administration of medication.

Signed, sealed and delivered by the said
(Name and Signature of Parent/Guardian)

In the presence of (print and signed)
(Name and Signature of Witness)

On this dayof this monthof this year