



Medication Authorisation Form

PART ONE

Child's First Name: _____ Child's Surname: _____

1. Name of Medication as listed on Chemist Label:

2. Administration Details:			
Date to be Administered	Time to be Administered	Dosage to be Administered	Time Last Administered
____/____/____	Dose 1: ____:____ am/pm Dose 2: ____:____ am/pm	Dose 1: _____ Dose 2: _____	____:____ am/pm

3. Instructions for Administration & Storage as stated by Doctor or Pharmacist:

I authorise a designated BRECC employee to administer medication to my child in order with the instructions detailed above AND those written on the medication pharmacist label.

Parent/Guardian Name: _____ Date: ____/____/____

Signature: _____

PART TWO

1. Administration by Staff:		
Date Administered	Time Administered	Dosage Administered
____/____/____	Dose 1: ____:____ am/pm Dose 2: ____:____ am/pm	Dose 1: _____ Dose 2: _____

Full Name of Staff Administering: _____ (Dose 1) _____ (Dose 2)

Signature: _____ (Dose 1) _____ (Dose 2)

Full Name of Witness: _____ (Dose 1) _____ (Dose 2)

Signature: _____ (Dose 1) _____ (Dose 2)

I acknowledge that a designated BRECC employee administered the medication as stated above to my child in order with the instructions detailed AND those written on the medication pharmacist label.

Parent/Guardian Name: _____ Date: ____/____/____

Signature: _____