

NSW MEDICATION AUTHORITY – LONG TERM MEDICATION

Long term prescribed medication is to be administered in accordance with the NSW In-Home Childcare Services Medication/Management of Sick Children policy.

This form is to be used when a child has a 'Long Term Condition' requiring ongoing medication (e.g. Asthma, Allergies, Diabetes, Epilepsy, Attention Deficit Disorder etc.)

*This form is to be reviewed **every 3 months**: Start Date: _____ End Date: _____*

Please note: one form is to be completed per child, per medication.

Educator:

Child's Name:

Date of Birth:

I, _____ (parent/guardian) request that the medication on this form be administered to my child (child's name must match that which is on the label of the medication and in the original bottle) as detailed below:

Name of Medication:

Expiry Date:

Reason for Medication:

Please administer (write dosage here):

According to the following instructions:

- a) I, the parent agree to inform my child's educator if the above circumstance changes.
- b) I, the parent agree to complete page1 parent/guardian request and consent if and when required (if circumstances change, or the medication continues to be required after a 3 month period has elapsed)
- c) I, the parent understand my child's educator will maintain an up to date record by recording all the details requested on Part B of this form.
- d) I, the parent understand that my child's educator will on completion of this form, forward said form to the Family Liaison Facilitator of In-Home Child Care Services where the form will be kept for 24 years.
- e) The educator and parent agree to sign the daily chart acknowledging the medication administered.
- f) I, the parent agree to provide the educator with any supporting documentation provided by the doctor for this medication. (e.g. asthma action plan or supporting letter outlining name of medication, dosage, length of time etc.)
- g) This medication will not be administered if:
 1. It is out of date
 2. It has the incorrect name on the bottle
 3. The bottle has no label

**(Please initial)
Educator/ Parent**

I acknowledge the supporting documentation has been attached

I acknowledge this document will be sent to flo@inhomechildcare.com.au

Educator:

Parent/Guardian:

Print name _____

Print name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____



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