NSW IN-HOME
CHILDCARE SERVICES

Phone: (02) 9779 9999
Fax: (02) 9779 9998
Email: admin@inhomechildcare.com.au
Website: www.nswfdc.org.au

NSWIHCS OCCASIONAL MEDICATION FORM

Occasional prescribed medication is to be administered in accordance to NSW In Home Childcare Services Medication/Management of Sick Children policy.

a) There is written authorisation or authority from the parent/guardian of the child.
b) Medication is administered from the container in which it was originally packaged, being (in the case of a prescription medicine) a container with the child's name, the prescribed dosage and the medicine use by date
c) If necessary in an emergency to administer medication to a child this is being provided with the service without prior consent of the child's parent, every attempt is made to secure that consent.

Educator name:	**Parent/Guardian Name:**
Childs Name on medication/bottle:	**Childs Date of Birth:**

Name of Medication	Check Expiry (tick box)	Last Administered:		Dosage:	Signature of Parent/ Guardian:	Medication Administered:		Dosage:	Method of administration:	Educator Signature	Parent/ Guardian Signature
		Time	Date			Time	Date				