

# Medication Form

Tillys Play and Development Centre – Cooranbong  
695 Freemans Dr, Cooranbong, NSW, 2265  
P: 02 40617380 E: cooranbong@tillyschildcare.com.au



This form is for prescribed medication only

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Date last dose administered: \_\_\_\_\_ Time last dose administered: \_\_\_\_\_ Signature: \_\_\_\_\_

Date last dose administered: \_\_\_\_\_ Time last dose administered: \_\_\_\_\_ Signature: \_\_\_\_\_

Date last dose administered: \_\_\_\_\_ Time last dose administered: \_\_\_\_\_ Signature: \_\_\_\_\_

Date last dose administered: \_\_\_\_\_ Time last dose administered: \_\_\_\_\_ Signature: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

How to administer medication: \_\_\_\_\_

I give permission for the staff at Tillys Play and Development Centre to administer the above medication.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have accepted and checked that the above details are correct according to instructions on medication:

Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date:					
Time:					
Dosage & Method used:					
Staff Name:					
Staff Signature:					
Witness Name:					
Witness Signature:					

## Long Term Medication Form

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This form is for prescribed medication only.

New form to be completed when medication expires, prescription is renewed, or details change.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_ Reason for medication: \_\_\_\_\_

How to administer medication: \_\_\_\_\_

I give permission for the staff at Tillys Play and Development Centre to administer the above medication each time my child is booked at the centre until \_\_\_\_\_ (Date).

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have accepted and checked that the above details are correct according to instructions on medication.

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date	Child Name	Last Dose Given at Date/time	Parent Name	Signature	Time	Dosage & method used	Staff Name	Signature	Witness Name	Signature