



Kids Club Dalby

Medication Form

Kids Club Dalby will only administer medication if it is in the original container with a dispensing label attached listing the child as the prescribed person, strength and the frequency it is to be given. This applies to all medications, regardless of whether they are non-prescription or prescribed.

Please refer to the medication policy for more information (see staff).

Child's full name _____

Medical Practitioner/Chemist _____

MEDICATION

Name of Medication _____

Date Prescribed _____

Expiry date of medication _____

Reasons for Medication _____

Storage requirements _____

Time and date of last dosage given _____

I request that the above medication be given in accordance with the instructions below: Please complete table and list any detailed instructions in the box e.g. inhale, oral, dosage, before or after food.

DATE	DOSAGE	TIME TO BE GIVEN	TIME MEDICATION ACTUALLY GIVEN (STAFF COMPLETE)	NAME & SIGN OF STAFF ADMINISTERING MEDICATION	NAME & SIGN OF STAFF CROSS CHECKING MEDICATION	PARENT SIGN WHEN COLLECTING MEDICATION

PARENT NAME _____ DATE _____

PARENT SIGNATURE _____

Kids Club
ABN: 49-141-145-952
Ph: 07 46698416 OR 0400 954772 Mobile
admin@kidsclubdalby.com