



Medication Plan

(For conditions needing regular medication)

CONFIDENTIAL

To be completed by the DOCTOR & PARENT/GUARDIAN if medication must be taken during centre time & requires adult supervision.
This information is confidential and will be available only to supervising educators and emergency medical personnel.

Please:

- Complete all sections of this form.
- Schedule medication outside care hours wherever possible.
- Be specific: "As needed" is not sufficient direction for Educators.
- Nominate the simplest method. For example: Oral or 'puffer' medication is much easier to arrange than a nebuliser.

Please note:

- Educators accept only medication with the original, fully labelled pharmacy container.
- Educators do not monitor the effects of medication as they have no training to do this.
- Educators are instructed to seek emergency medical assistance if concerned about the child's behaviour following medication.

Child's name:

Family name (please print)

First name (please print)

Date of birth:

Medic Alert Number:

Name of medication Including any doctor's instructions relating to administering the medication:	How much is to be taken at the following times			
	Time & dose	Time & dose	Time & dose	Time & dose

Medical practitioner:

Printed name

Signature:

Address:

Phone:

Date:

I have read and understand this information and any attachments indicated above.

I approve the release of this information to centre Educators and emergency medical personnel responsible for my child's safety.

I understand it is my responsibility to ensure this information is up-dated each year and more if necessary.

Signature:

Name:

Date:

Printed name