

Medication Form – Short Term
Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown. Please note that information provided may be shared with Department of Education and Communities (DEC), the Police, other relevant agencies and educators in accordance with applicable legislation.

- ★ **Prescribed** medication - for example antibiotics, lotions. It is valid for **ten** days.
- ★ **Unprescribed** medication - for example Panadol, cough mixture, teething gels. It is only valid for up to **THREE consecutive care days. These cannot be used as a preventative (for example; to prevent the child from developing a fever).**
- ★ **Prescribed medication must be in the original chemist prescription container.**
- ★ **Unprescribed medication must be kept in the original packaging.**
- ★ Only **one medication** can be listed on this form.

I give permission for an educator from Campbelltown City Council's Education and Care Services to give the medication named below to my child.

A current photo of child has been supplied (School Holiday Care)

Child's name			Date of birth	
Name of medication			Expiry date	
Dosage		Manner of administration		
Exact times to be administer medication (cannot accept 'when necessary').				
Medication can only be administered four hourly eg if the last dose was 6:00am we cannot administer until 10:00am unless specified by your child's doctor in writing.				
Do you want your child to be given the medication at the exact time or if the child is resting or sleeping is it okay to delay medication dosage. (Please tick correct box. If it is ok to delay medication please indicate how long the delay can be eg by 15 minutes, by 1/2hr by 1hr etc)				
Time medication to be administered			<input type="checkbox"/> Medication must be given at exact time	
<input type="checkbox"/> Okay to delay medication by (please indicate how long the delay can be eg 15 minutes, ½ hour by 1 hour etc)				
Reason for medication				
If medication is a lotion/cream, where is it to be applied?				
Where have you put the medication	Fridge	<input type="checkbox"/>	Medication cupboard	<input type="checkbox"/>
Name of staff member who received the medication and verified details from parent.				
Signature			Date	
Name of parent/caregiver				
Signature			Date	

DATA AND DOCUMENT CONTROL

***Last time dose was given (before care) must be completed, signed and dated by the parent/caregiver each day to authorise the administration of medication.**

Day 1	Last time dose was given (before care)*				Parent's signature*			Date*	
Date	Medication name	Dosage	Educator who administered	Sign	Educator who witnessed	Sign	Exact time given	Manner	

***Last time dose was given (before care) must be completed, signed and dated by the parent/caregiver each day to authorise the administration of medication.**

Day 2	Last time dose was given (before care)*				Parent's signature*			Date*	
Date	Medication name	Dosage	Educator who administered	Sign	Educator who witnessed	Sign	Exact time given	Manner	

***Last time dose was given (before care) must be completed, signed and dated by the parent/caregiver each day to authorise the administration of medication.**

Day 3	Last time dose was given (before care)*				Parent's signature*			Date*	
Date	Medication name	Dosage	Educator who administered	Sign	Educator who witnessed	Sign	Exact time given	Manner	

DATA AND DOCUMENT CONTROL

***Last time dose was given (before care) must be completed, signed and dated by the parent/caregiver each day to authorise the administration of medication.**

Day 4	Last time dose was given (before care)*				Parent's signature*			Date*	
Date	Medication name	Dosage	Educator who administered	Sign	Educator who witnessed	Sign	Exact time given	Manner	

***Last time dose was given (before care) must be completed, signed and dated by the parent/caregiver each day to authorise the administration of medication.**

Day 5	Last time dose was given (before care)*				Parent's signature*			Date*	
Date	Medication name	Dosage	Educator who administered	Sign	Educator who witnessed	Sign	Exact time given	Manner	

***Last time dose was given (before care) must be completed, signed and dated by the parent/caregiver each day to authorise the administration of medication.**

Day 6	Last time dose was given (before care)*				Parent's signature*			Date*	
Date	Medication name	Dosage	Educator who administered	Sign	Educator who witnessed	Sign	Exact time given	Manner	

DATA AND DOCUMENT CONTROL