BANGALAY CHILD CARE CENTRE

SHORT TERM PRESCRIPTION MEDICATION AUTHORISATION FORM

Date Authorisation Given: _____

Child's Name:

_____

Days Attending: MON TUE WED THU FRI

Medication Name: _____

Time Medication to be Administered: _____

Dosage: _____

Special Instructions:_____

_____

_____

Signature Parent/Caregiver: _____ Date: _____

Date Given	Time Given	Dose	Given By	Witnessed By

BANGALAY CHILD CARE CENTRE

LONG TERM MEDICATION AUTHORISATION FORM

Medication Name	
Amount	
Frequency of application	
Dispensing Label or Letter	
Date	
Parent/Caregiver Signature	

Date Given	Time Given	Dose	Given By	Witnessed By

BANGALAY CHILD CARE CENTRE

Date Given	Time Given	Dose	Given By	Witnessed By