ADMINISTERING MEDICATION FORM

YMCA Tauranga

Prior to administering any medication this consent form must be completed by the child's caregiver (parent, guardian or approved person).

Caregiver to complete

Consent for medicines to be administered to: _____

Details of dosage, administering instructions, etc:_____

_____

_____

Date to be administered from: _____to_____

DECLARATION: I hereby give the YMCA After School Care Programme Staff consent to administer the above medication while my child is in attendance of the YMCA After School Care Programme.

Signed:_____ Name: _____Date:_____

Staff to complete every time medication is administered
To be completed by the supervisor administering the medication
with a second supervisor confirming correct dosage and medicine.

Date	Time	Name of medicine	Dosage	Person administering	Confirmed by	Caregiver Signature

This page must be attached to the front page for the correct child.
All requirements for administering medication to the child must be followed.

CHILDS NAME: _____

Child to complete every time medication is self-administered
To be completed by the child administering the medication
with a supervisor confirming correct dosage and medicine.

Date	Time	Name of medicine	Dosage	Person administering	Confirmed by	Caregiver Signature