

# AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION

## BGC South East

*This form must be completed by the parent of a child who is requesting that a drug or medication be administered during hours that the child receives child care, in accordance with the child care centre's medication administration policy and procedures.*

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**Child's Full Name:** \_\_\_\_\_

**Child's Date of Birth (dd/mm/yyyy):** \_\_\_\_\_

**Date Authorization Form Completed (dd/mm/yyyy):** \_\_\_\_\_

**Date Authorization Form Updated (dd/mm/yyyy):** \_\_\_\_\_

<b>Name of Drug or Medication</b> (as per the original container label):	
<b>Date of Purchase or Date Dispensed: (dd/mm/yyyy)</b>	
<b>Expiry Date: (dd/mm/yyyy)</b>	
<b>Authorization Start Date: (dd/mm/yyyy)</b>	
<b>Authorization End Date: (dd/mm/yyyy or ongoing)</b>	

### Method of Medication Administration

Child care centre staff are to administer the drug or medication to my child. \_\_\_\_ **(initial)**

### Authorization for Child to Carry Emergency Allergy Medication *(choose 1)*

- I authorize my child to carry their own asthma medication.
- Not applicable (this authorization is not for asthma medication).

### Medication Administration Schedule

The drug or medication needs to be administered according to the following schedule:

Day(s) of the Week	Time(s) of the Day / Intervals	Amount/Dosage	Additional Information (where applicable)

**AND/OR, where drugs are to be administered on an 'as needed' basis:**

The drug or medication needs to be administered when the following physical symptoms are observed:

Amount/Dosage:
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**Parent/Guardian Authorization Statement:**

I hereby authorize the person in charge of drugs or medications at Boys & Girls Club to administer the above-named drug or medication to my child and handle the drug or medication in accordance with the procedures I have provided on this form.

I understand that expired drugs or medications will not be administered to my child at any time in accordance with the child care centre's medication administration policy.

I understand that staff at Boys & Girls Club are not medically trained to administer drugs and medications.

<b>Print name:</b> _____	<b>Relationship to Child:</b>
<b>Signature:</b> _____	<b>Date Signed:</b> (dd/mm/yyyy)

**Received By:**

<b>Print name:</b> _____	<b>Role at Child Care Centre:</b>
<b>Signature:</b> _____	<b>Date Signed:</b> (dd/mm/yyyy)

**For Office Use Only**

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**Location medication will be stored:**

**Date Drugs/Medication Returned to Parent / Pharmacy (dd/mm/yyyy):**

Special Instructions:

- This form is required for over-the-counter and prescription medications. For non-prescription skin products, the Authorization to Administer Non-Prescription Skin Products form must be completed.
- A separate form should be completed for each drug or medication that a child requires.
- Children's personal health information should be kept confidential.