

Huon Valley Council Childrens Services
Permission to Administer Medication on an "AS NEEDED Basis
Form 2
PARENTS ARE TO COMPLETE THIS FORM

This form is to be used for medications that may need to be administered on occasions due to the onset of symptoms, eg asthma, allergies, fever and teething pain.

I, _____ (Parent/Carer's Name)

Give permission for Huon Valley Council Childrens Services staff members to give my child _____ (Child's Name)

The following medication on the onset of certain symptoms noted below.

Name of Medication: _____ Paracetamol _____

Symptoms requiring medication: _____

Medication will be stored in a child resistant container that is inaccessible to children. Please note if the medication requires special storage facilities, eg in the refrigerator:

NB Aspirin will not be administered to children unless prescribed by a medical practitioner. Staff will have a witness when administering medication and record the medication dosage administered on the reverse of this form. Parent/Carer's are to sign when they collect their child. Unless otherwise arranged, staff will advise Parents/Carer's of any medication given on this basis at the end of the day.

Do you want to be notified that medication has been administered **at the time** it is administered? Yes No

Comments:

This authorisation is effective from the date of signing and is valid for three (3) months.

The personal information requested on this form is being collected by the Council for the purposes of childcare and the *Education and Care Service National Law Act 2010* and will be used for those primary purposes. The intended recipients of the information are Council Officers and State and Commonwealth Government Departments. Council may disclose the information to law enforcement agencies, courts and other organisations authorised to collect it.

Failure to provide this information may result in your application for care not being able to be processed or the service not being able to be provided. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and you may make application for access or amendment to your information in writing to the General Manager, PO Box 210, Huonville 7109. You may be charged a fee for this service.

Parent/Carer's Name: _____ **Signature:** _____
Date: ____/____/____

Re-signed Date: ____/____/____ Parent/Carer Name: _____
Parent/Carer Signature: _____

Re-signed Date: ____/____/____ Parent/Carer Name: _____
Parent/Carer Signature: _____

Re-signed Date: ____/____/____ Parent/Carer Name: _____
Parent/Carer Signature: _____

This form is valid until 3 months from the last signature date.

