

# Outside School Hours - "Regular Dosage Medication Form"



Child's Name: \_\_\_\_\_ Child's Illness: \_\_\_\_\_ Treating Doctor: \_\_\_\_\_

Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The personal information will be **held securely and** used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required **or permitted** by legislation. The applicant understands that the personal information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer. **A full copy of our Privacy Policy may be obtained from the Kingston website: <http://www.kingston.vic.gov.au>**

**TO BE COMPLETED BY PARENT/GUARDIAN:**

Date	Medication Storage	Medication Name	Reason for Medication	Dosage to be given	Self Administration (by Child) Yes / No	Method of Administration (Oral, Nasal, Injection etc) Please Specify	Time/s Circumstances Medication is to be Given	Is this the first Dosage given? Yes /No*	Dosage/s given in last 24hrs? Time(s) and date	Parent/Guardian Signature

**TO BE COMPLETED BY EDUCATORS:**

Date	Medication Name	Dosage Given	Time/s Given	Self Administration Yes / No	Administration Method (Oral, Nasal, Injection etc. Please Specify	Educators Names (Please print)		Educators Signatures		Parent/Guardian Signature
						1.	2.	1.	2.	

**\*NB:** First dosages cannot be administered at the program. The child will not be able to stay at the program if this is the case.

If medication is taken home each day, parents please sign it out. Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_