

PERMISSION TO ADMINISTER MEDICATION FORM

As the health and wellbeing of children in our care is paramount, UQ Sport will assist with the administering of medication when the appropriate documentation has been filled out by a parent / carer. Only those medicines that have been prescribed by a medical practitioner or pharmacist in its original container with the dispensing label attached listing the child as the prescribed person, strength of the drug, and the frequency it is to be given, will be administered during program hours. For more information, refer to the Medication Policy.

Child's Name:	Child's Date of Birth:
Name of person completing form:	Signature of person completing form:
Relationship to member:	
Emergency Contact Number:	Date:

LIST OF MEDICATIONS TAKEN – PARENT / CARER TO COMPLETE:

Name of Medication	Quantity	Dosage	Time Taken	Method	Notes
<i>Example: Epinephrine (EpiPen)</i>	<i>1 injector (0.3mg)</i>	<i>There is one dose in the injector</i>	<i>When symptoms present: swelling of tongue, tightness of throat</i>	<i>Injection via EpiPen</i>	<i>Refer to Personal Action Plan</i>

RECORD OF ADMINISTERING MEDICATION – UQ SPORT STAFF TO COMPLETE:

Date	Name of Medication	Quantity	Dosage	Time Taken	Method	Staff Member # 1 Initial	Staff Member # 2 Initial

If you require additional space, please complete a new form.
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