

Emu Community Children’s Centre Inc

Medication Plan

Confidential

To be completed by the PRESCRIBING DOCTOR and the PARENT/GUARDIAN for a child who requires supervision of medication while at childcare. This information is confidential and will be available only to supervising staff and emergency medical personnel.

To the Doctor

Please

- Complete all sections of this form
- Schedule medication outside childcare hours wherever possible
- Be specific **as needed is not** sufficient direction for staff members – they need to know exactly when the medication is required.
- Nominate the simplest method. For example, oral or “puffer” medication is much easier to arrange than a nebuliser.

Please note that childcare staff:

- Accept only medication that has been ordered by a Doctor and is provided in the original, fully labeled pharmacy container.
- Do not monitor the effects of medication as they have no training to do this
- Are instructed to seek emergency medical advice if concerned about a child’s behaviour following medication.

Name of child..... DOB.....
(Family name) First name (please print)

Medic alert Number (if relevant)..... Review Date.....

MEDICATION INSTRUCTIONS (please print clearly)	Medication Name and form (eg liquid, capsule, ointment)
DOSE	
ROUTE (eg oral or inhaled)	
ANY OTHER INSTRUCTION	
TIME (please indicate times relevant to child care) As Required is not acceptable times must be stated.	
DATES WHEN MEDICATION IS TO BEGIN AND FINISH	

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(Please note)

- children are supervised when they take their oral/puffer medication
- Age appropriate, safe self-management is encouraged.

Authorisation and release

Medical Practitioner..... Professional role.....

Address.....

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Signature..... Date.....

I have read, understood and agreed with this plan and any attachments above. I approve release of this information to childcare staff and emergency medical personnel.

Parent/guardian..... Signature.....