

*La Trobe University Community Children's Centre is an organisation started by the community that has retained its community base.*

## Memo

To	Centre Families	From	Children's Centre
CC	Centre Staff and Committee	Date	19 January 2009
Subject	Authorisation for Medication/Treatment for Chronic Illness		

Dear Parents,

By law if you require your child/ren to have medication whilst attending the Centre you **must** complete and appropriately sign the medication booklet. (Refer La Trobe University Community Children's Centre - Information Manual, Information for Users and Conditions of Enrolment, Medication).

Medication booklets are provided in each section. The Centre recognises that this process can be time consuming for those families whose children suffer a chronic illness. As part of our review process we have implemented some changes to this practice that we hope will support you. I would encourage you to provide feedback on these changes.

Please complete the attached form providing a blanket approval for a 3 month period. I would like to remind you medicines/treatments will be checked by staff against the instructions on the label. Staff will contact you by phone if there are any concerns in this regard. The only exception would be if written medical advice has been provided. (Children's Services regulations 1998, Regulation 36 – Authorisation to administer medication. P.22).

When the specified medicines/treatments are administered by staff they will then write "see staff" in the Messages section of the sign in/out document. Families will be informed of the administration of any medications/treatments. Families will then be required to sign the entry (made by staff) in the medication booklet to acknowledge that medicines/treatments were given during the day at the Centre (as per the Children's Services regulations 1998).

Also we would like to take this opportunity to remind families that no foodstuffs or medications should be left in children's bags or left unattended in the play areas. Food/medications/treatments should be clearly labelled and handed to staff. Please check with the staff in your child's room if you are unsure of where to leave an item.

*Jenny Reynolds*  
Manager,  
Family and Children's Services  
Student Services

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**All profit is reinvested in children and the community - children always come first!**

**LA TROBE UNIVERSITY**  
**COMMUNITY CHILDREN'S CENTRE**

**AUTHORISATION FOR ADMINISTRATION OF MEDICATION/TREATMENTS FOR CHRONIC ILLNESS**

I..... (Parent/Guardian) give permission for staff at La Trobe University Community Children's Centre to administer the following to.....(Child's Name) in the .....(Section).

1. Medications/Treatments (in this instance refers to anything required by a child to address an identified additional care need – e.g. Ventolin, food supplements/thickeners  
.....  
.....  
.....
2. Nappy rash cream/powder (Please write name of product to be used)  
.....  
.....
3. Teething Gel (Please write name of product to be used)  
.....  
.....

Please provide the listed Medication/Treatments to my child in the following circumstances:

1. Symptoms - Please specify.....  
.....  
.....
2. Red, inflamed skin or broken skin on bottom – nappy rash cream/powder  
YES/NO
3. Swollen gums, child dribbling a lot, putting hands in mouth and/or miserable – teething gel  
YES/NO

When the specified medicines/treatments are administered by staff they will then write "see staff" in the Messages section of the sign in/out document. Families will be informed of the administration of any medications/treatments. Families will then be required to sign the entry (made by staff) in the medication booklet to acknowledge that medicines /treatments were given during the day at the Centre (as per the Children's Services Regulations 1998).

**NOTE:**        ***Medicines will only be given in accordance with the instructions on the label (Refer La Trobe University Community Children's Centre – Information Manual – Information for Users and Conditions of Enrolment, Medication).***

Signed by Parent ..... Date .....

Signed by Section Head ..... Date .....

**The review date for this authorisation will be on.....**