

## Medication Administration Form

I (parent/guardian) \_\_\_\_\_ permit qualified La Trobe Sport staff to administer the following medication(s) to my child \_\_\_\_\_ on the dates listed below.

Signature:

Date:

<b>Child full name:</b>	
<b>Date of birth:</b>	
Parent/guardian full name:	
Parent/guardian mobile number:	
Dates of holiday program this form and all listed medications are applicable to (if attending multiple dates, please list):	

Medication #1	
<b>Name of Medication</b>	
<b>Reason for Medication</b>	
<b>Dosage</b> (e.g. one tablet)	
<b>Method</b> (e.g. with water, after food)	
<b>Time</b> (e.g. 12pm or lunch time)	
<b>Circumstances of Use</b> (if medication is administered as needed, please describe indicators that child requires medication)	
Staff Use Only	
<b>Administered by:</b>	<b>Witnessed by:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Notes:</b>	

**Child full name:**

**Date of birth:**

Medication #2	
<b>Name of Medication</b>	
<b>Reason for Medication</b>	
<b>Dosage</b> (e.g. one tablet)	
<b>Method</b> (e.g. with water, after food)	
<b>Time</b> (e.g. 12pm or lunch time)	
<b>Circumstances of Use</b> (if medication is administered as needed, please describe indicators that child requires medication)	
Staff Use Only	
<b>Administered by:</b>	<b>Witnessed by:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Notes:</b>	

Medication #3	
<b>Name of Medication</b>	
<b>Reason for Medication</b>	
<b>Dosage</b> (e.g. one tablet)	
<b>Method</b> (e.g. with water, after food)	
<b>Time</b> (e.g. 12pm or lunch time)	
<b>Circumstances of Use</b> (if medication is administered as needed, please describe indicators that child requires medication)	
Staff Use Only	
<b>Administered by:</b>	<b>Witnessed by:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Notes:</b>	