



Administering Medication Form

Dear Parent/Guardian, I agree for Arabanoo staff to administer medication to my child named below: (full name of child)

Arabanoo will provide whatever aid is necessary to administer the medication, but it should be clearly understood that this aid is that of a person without specific medical training. To comply with your request the following conditions should be strictly observed:

1. It is your responsibility to provide the medication and equipment for its administration, and to ensure its immediate replenishment after use or when it requires replacement.
2. Medication must be labeled clearly with your child's name and in its original packaging.
3. All staff members are advised of the child's condition and need for medication, but no individual staff member has the sole responsibility of administering medication to the above child.
4. The attached form is to be completed by you and returned to the centre. Depending on type of medication, further information may be required from your doctor. If this is the case the centre has special forms which need to be completed by you and your child's doctor. Please discuss this possibility with the Centre Director.
5. I hereby indemnify and keep indemnified the staff and management committee against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs, charges and any expenses whatsoever in respect of any personal injury or of any infringement disturbance or destruction of any rights of any person including myself and my child named above arising directly or indirectly out of the aforementioned administration of medication.

We are aware that this may seem a complicated process, but please be assured that Arabanoo has the best interests of your child in mind and will give every assistance in this matter I agree to the above conditions for the administration of medication to my child named above at Arabanoo. I understand that the decision to alter these conditions can be reviewed at any time by the Centre Director after the consultation with the Management Committee.

I agree to inform the Director in writing if any change in the nature, dosage, or frequency of the medication is required.

Childs Name:	Date of Birth:
Name of Medication:	Manner of administrating: Dosage:
Special instructions:	Reaction that could be expected by giving medication:
If your child has the above medication on the same day as Arabanoo is administering, what time would of it been administered outside of Arabanoo? E.g. During school at 1pm.	

Date	Medication	Dosage	Time	Manner	Name & signature of staff administrating	Name & signature of witness

By signing below you agree to comply with all the terms and condition stated on the previous page.

Yours Sincerely,

Director (Print Name)..... Date:.....

Director (Signed)..... Date:.....

Parent/ Guardian (Print Name)..... Date:.....

Parent/ Guardian (Signed)..... Date:.....