Building	Futures
	Care

LONG-TERM ADMINISTERED MEDICATION FORM

For use with prescription medicines which are for ongoing medical needs.

Child's Full Name:
Child's Date of Birth:

Authorised Person (Parent) to Complete with Educator			
Doctor's Letter provided?	(Educator to Sign):		
Expiry Date (on letter)			
Name of Medication			
Dosage on Doctor's orders			
Time/s to be Administered			
Time previous dose due (Parents must advise of any changes daily)	Time: Dose:		
Reason for Medication			
Authorised Person's Full Name			
Authorised Person's Signature			
Refrigeration Required?	Yes / No		

This section is to be completed and parents advised of EVERY dose.

	Educator to Complete						
Date	Time Given	Staff Name & Sig	Witness Name & initial if applic	Date	Time Given	Staff Name & Sig	Witness Name & Initial if applic
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