

VU SPORT SCHOOL HOLIDAY PROGRAM
Authority to Administer Medication Form

I _____ hereby give permission to qualified staff at the VU SPORT SCHOOL HOLIDAY PROGRAM to administer to
 my child _____ the following medication for the duration of the program commencing _____ (or as specified) :
(parent/guardian name)
(child's name)

Name of Medication:	Medication expiry date & staff signature of confirmation	Prescribed by: <small>(Name of Doctor if applicable)</small>	Reason for Medication:	Dosage to be administered:	Method of administration <small>(eg. consume orally with water, with food, injection, etc.)</small>

DATE of Last Dosage <small>by authorised person – parent/guardian (approximate if unknown)</small>	TIME of Last Dosage <small>by authorised person – parent/guardian (approximate if unknown)</small>	DATE(S) <small>staff are required to administer medication - if attending several days please list</small>	TIME/S at which medication is to be given to child <small>(if AS NEEDED please list conditions under which child would need medication)</small>	Method of administration <small>(eg. consume orally with water, with food, injection, etc.)</small>

Parent/Guardian Signature _____ Date ____/____/____

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STAFF USE ONLY

Date		Time	
Name of Medication		Dosage given and manner in which administered	
Administered By (PRINT)		Administered By (SIGN)	
Witnessed By (PRINT)		Witnessed By (SIGN)	

Date		Time	
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Administered By (PRINT)		Administered By (SIGN)	
Witnessed By (PRINT)		Witnessed By (SIGN)	

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