

Phone: 07 4948 3989



Childminding Services

24 hours a day
7 days a week

Mackay - Whitsundays

**VIP
KIDS**
AUSTRALIA

MEDICATION AUTHORITY FORM

Child's Name _____ Date of Birth _____

Name of Medication _____

Dosage required _____

Times to administer _____

Expiry Date _____

Time last dose was given _____

Creams or Lotions _____

Part of body and times to apply _____

I give permission for my carer to administer the above medication or cream

Parents Signature _____ Date _____

Carers to complete after giving medication:

Date _____ Time _____ Dosage _____

Carers signature _____

Carers Signature _____ Parents Signature _____

This form must be left with families at the end of your visit.