



Woodlupine Family Centre 3 year old Kindy
 88 Hale Road, Forrestfield
 Tel: 08 9359 1155
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AUTHORITY TO GIVE PRESCRIBED MEDICATION FORM

I give my permission for the following prescription medications to be given to my child.

Childs name:Date of birth:Group.....

Parent name.....Signature.....Date.....

To be completed by the parent/guardian							To be completed by the educator when administered							
Name of medication	Last administered		To be administered (or circumstances to be administered)		Dosage to be administered	Method of administration	Signature of parent/Guardian	Medication administered	Dosage Administration	Method of administration	Name of educator administering	Signature of educator administering	Name of witness	Signature of witness
	Time	Date	Time	Date										