



MEDICATION FORM

MEDICATION FOR CHILDREN

Category (ii) Medicines

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa M ori (M ori plant medicines), that is prepared by other adults at the service.

This written authority from a parent is to be given at the beginning of **each day** a category (ii) medicine is to be administered.

Child's Name:

Date:

Name of Medicine:

Method:

Dosage Required:

Times to Give: 1. 2. 3. 4. 5.

Specific symptoms/circumstances medicine is to be given:

Any other things to note:

Educarer Signature:

Parent Signature:

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MEDICATION FOR CHILDREN

Category (iii) Medicines				
To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child only.				
For staff: Individual health plan sighted and a copy taken: <i>Tick One:</i>	Yes		No	

Child's Name:

Date:

Name of Medicine:

Method:

Dosage Required:

Times to Give: 1. 2. 3. 4. 5.

Specific symptoms/circumstances medicine is to be given:

Individual Health Plan (where required)

Educarer Signature:

Parent Signature: