

## EBASCA ADMINISTRATION OF MEDICATION AUTHORISATION

<b>Child's full name</b>	
<b>Date of birth</b>	

<b>Administration of medication valid from</b>	____ / ____ / ____ to ____ / ____ / ____	<b>OR</b>	<b>TODAY ONLY</b>
<p><b>Statement:</b> I authorise EBASCA staff to administer the medication detailed on this form to my child, according to the information included here. I understand that medication will only be administered as prescribed, and that a separate form is required for additional medications.</p> <p style="text-align: center;">I understand that expired medication will not be administered.</p>			
<b>Parent / guardian signature</b>			
<b>Date</b>			

<b>MEDICATION DETAILS</b>	
<b>Name of medication (as shown on packaging)</b>	
<b>Expiry / Used by date</b>	
<b>Dosage</b>	
<b>Storage instructions</b>	
<b>Amount supplied to EBASCA</b>	
<p>N.B This medication will only be administered from its original container, bearing the original label and instructions, before the expiry or use by date. If prescribed by a medical practitioner the original label with the name of the child to whom the medication is to be administered must be included.</p> <p style="text-align: center;">Medication provided in any other manner will not be administered</p>	

<b>CIRCUMSTANCES FOR ADMINISTRATION OF MEDICATION</b>	
Regular medication required ongoing/indefinitely for diagnosed condition	Yes / No
Medication required in response to sudden presentation of symptoms eg allergic reaction	Yes / No
Medication required short term for health condition eg antibiotics	Yes / No
Other:	

