

_____ Playcentre	<b>Medicine Administration Register</b>
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Date: \_\_\_\_\_

Child's name	Medication to be given (time, quantity, etc)			Authority <sup>1</sup> : Parent/guardian signature	Medication administered: (date, time, amount)			Signature of staff administering medicine
	medication	time	quantity		medication	time	quantity	

**Administering medication:**

If a child has serious ongoing medical problems that need constant medication or suffer from a critical condition (such as an allergy to food), a medical plan should be developed which all members are aware of.

Good practice would suggest that the person administering medication in the Centre is a parent, caregiver or is familiar to the child and preferably holds a first aid certificate.

**Training for administration of medicine given by (sign):** \_\_\_\_\_ **Training received by (sign):** \_\_\_\_\_

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Or ambulance staff etc. Refer to the *Education (Early Childhood Centres) Regulations 2008*, 46, HS28