

LONG TERM MEDICATION BOOKLET

Over 5 Days of Medication Administration



*In the interest of children's safety and well-being, the service shall only administer medication if it is in its original container with the **dispensing label** attached listing the child as the prescribed person, strength of drug and frequency it is to be given. This Long Term Medication Administration Booklet accompanies your child's Health Care Management Plan and is to be reviewed every 3 months.*

Service Name:		Date Booklet Commenced: / /		Review Date: / /		
<i>photo</i>	CHILD'S FULL NAME:			Date of Birth:		
	Parent's/Guardian's Name:					
	Telephone Number:			Mobile Number:		
	Doctor:			Telephone Number:.		
	Specialty Provider:			Telephone Number:		
	Pharmacy:			Telephone Number:		

MEDICATION DETAILS			
Name of Medication:			
Date Prescribed:		Expiry Date:	
Reason/diagnosis for Medication			
Storage Requirements:			
Additional Comments: to be taken with food etc.			
ADMINISTRATION DETAILS			
Time/s to give medication:	Dosage to be given:		
<i>I verify that the medication administration information above is correct: The medication provided is in its original container and in my child's name, I give staff permission to administer the medication as instructed above.</i>			
Parent/guardian NAME:		Date:	
Parent/guardian SIGNATURE:			

ADMINISTRATION DETAILS							
Date:	Dosage:	Time to give medication	Actual time medication given	Expiry date of medication	Signature of staff administering medication	Signature of staff checking medication	Comments:

ADMINISTRATION DETAILS							
Date:	Dosage:	Time to give medication	Actual time medication given	Expiry date of medication	Signature of staff administering medication	Signature of staff checking medication	Comments:

ADMINISTRATION DETAILS							
Date:	Dosage:	Time to give medication	Actual time medication given	Expiry date of medication	Signature of staff administering medication	Signature of staff checking medication	Comments:

ADMINISTRATION DETAILS							
Date:	Dosage:	Time to give medication	Actual time medication given	Expiry date of medication	Signature of staff administering medication	Signature of staff checking medication	Comments:
REMINDER TO REVIEW LONG TERM MEDICATION ADMINISTRATION BOOKLET							

ADMINISTRATION DETAILS							
Date:	Dosage:	Time to give medication	Actual time medication given	Expiry date of medication	Signature of staff administering medication	Signature of staff checking medication	Comments:

