Permission to Administer Medication

Submit the signed and completed form with the required medication to: 1. WSACC Manager; or 2. Scan and email to WSACCINC@bigpond.com.au.

Child's Name		**Date of Birth**	

Please Note: Only prescribed medications, where written direction to administer during operating hours is provided on the prescription label, will be administered to children at the Centre.

Duration of Treatment	
Medication	
Dosage	
When to be Administered	
Doctor	
Pharmacist	
Notes to WSACC	

OFFICE USE ONLY				
Date	**Time**	**Administered By**	**Dosage**	**Witnessed By**
-				

Signed: _____ Date: _____/_____/_____

In-Confidence