

Where your child requires medication during our service hours, please see important info below.

Where these requirements are not met, medication will **not** be administered.

Medication must be handed to educator from a Parent/Guardian (or other authorised nominee on the family FullyBooked account that has permission to "Authorise administration of medication")

## How should medication be provided to the service?

- Medication must be in its original packaging (cannot be in containers/ziploc).
- Medications must have the original pharmacy label with the name of the child to whom the medication is to be administered and clear instructions.
- Any changes to the instructions on the original packaging, must be supported by a letter from the doctor with the new instructions.
- Where tablets need to be split, we prefer a webster pack, but if not possible, a tablet splitter must be provided.
- Medication must be in date and not expired/past use by date.

## What documents am I required to complete?

Parents/Carers must complete a **Medication Record** Form on drop off that includes:

- Supply Amount
- Name of child
- Name of medication
- Details of the date, time and dosage to be administered.
- Where applicable, the time of last dosage.
- Where required, indicate if the child is allowed to administer the medication themselves or have an educator do it.
- Signature of family member

Where a Medication comes under Schedule 8 Medications, a **Supply Amount** is to be counted and recorded by a Peak Educators in conjunction with Parent/Guardian. E.g. Concerta®, Ritalin®, Vyvanse®, Dexamfetamine.

Please allow extra time to complete this process on drop off.

Note: Please ensure your child's record in Fullybooked is up to date with dosage, times, and medication names, even if medication is taken outside of care hours.



Please access our important policies below from our website:

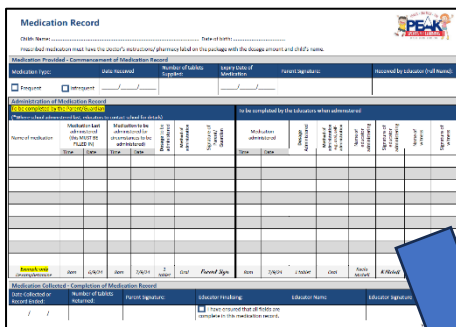
<https://www.peaksportslearning.com.au/policies-procedures>

## CHILDREN'S HEALTH AND SAFETY

### Administration of Medication Policy

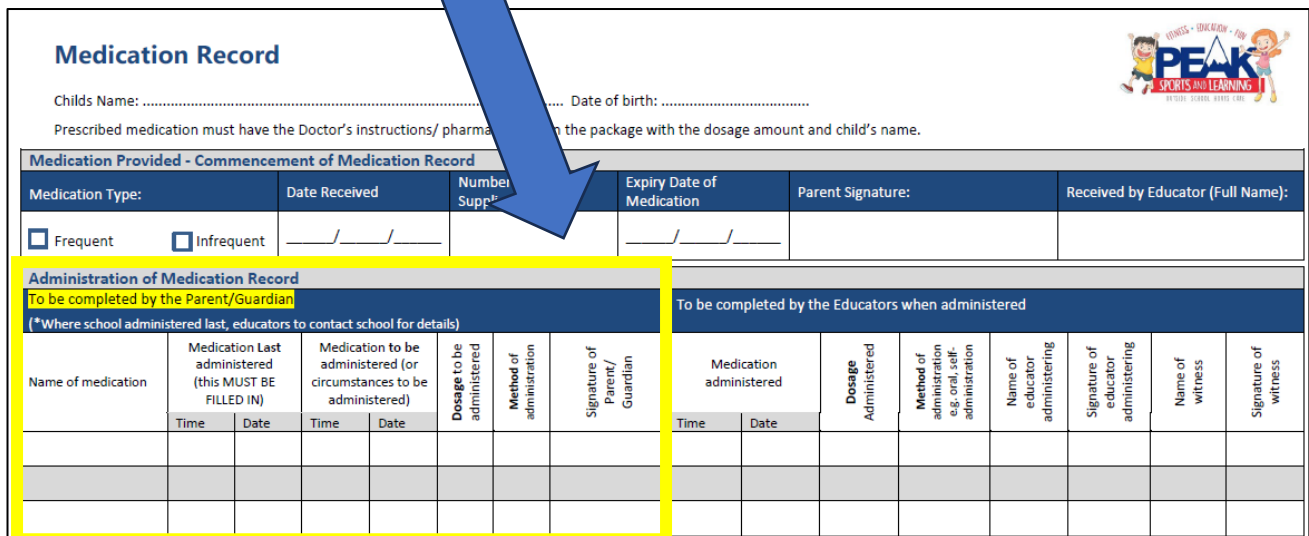
# Medication Fact Sheet for Families

## Medication Record:



### Important

- Every single box/line must be filled in on the Medication Record form including last time administered.
- Parents must sign daily – it cannot be prefilled for future days.



**Medication Record**

Childs Name: ..... Date of birth: .....

Prescribed medication must have the Doctor's instructions/ pharmacy label on the package with the dosage amount and child's name.

**Medication Provided - Commencement of Medication Record**

Medication Type: ☐ Frequent ☐ Infrequent Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number Supplied: \_\_\_\_ Expiry Date of Medication: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Signature: \_\_\_\_\_ Received by Educator (Full Name): \_\_\_\_\_

**Administration of Medication Record**  
**To be completed by the Parent/Guardian**  
 (\*Where school administered last, educators to contact school for details)

Name of medication	Medication Last administered (this MUST BE FILLED IN)		Medication to be administered (or circumstances to be administered)		Dosage to be administered	Method of administration	Signature of Parent/Guardian
	Time	Date	Time	Date			

**To be completed by the Educators when administered**

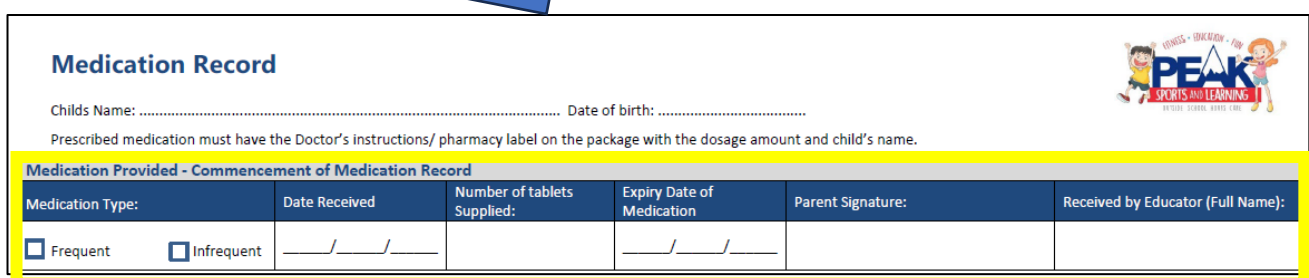
Medication administered		Dosage Administered	Method of administration e.g. oral, self-administration	Name of educator administering	Signature of educator administering	Name of witness	Signature of witness
Time	Date						

## Medication Supply:

Where a Medication comes under Schedule 8 Medications, the supply amount must be **counted and recorded** on a Medication Supply. E.g. Concerta®, Ritalin®, Vyvanse®, Dexamfetamine.

### Important

This record is to be completed by a Peak Educator in conjunction with the Parent/Guardian whenever a Schedule 8 medication is delivered to the service or collected from the service.



**Medication Record**

Childs Name: ..... Date of birth: .....

Prescribed medication must have the Doctor's instructions/ pharmacy label on the package with the dosage amount and child's name.

**Medication Provided - Commencement of Medication Record**

Medication Type: ☐ Frequent ☐ Infrequent Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of tablets Supplied: \_\_\_\_ Expiry Date of Medication: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Signature: \_\_\_\_\_ Received by Educator (Full Name): \_\_\_\_\_