

Medication Fact Sheet for Families

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:

- 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 **Medication Supply** is to be completed by a Peak Educators in conjunction with Parent/Guardian. E.g. Concerta®, Ritalin®, Vyvanse®, Dexamfetamine. The supply amount must be counted and recorded.

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.

Childs Name:							Date of birth:			A	Age		
						ructions/ phi	armacy label on the pa	_	ith the	dosage amount ar	nd child's name	2.	
be comp									mpleted	by the educator when	administered		
me of edication	administered (this MUST BE FILLED IN)		To be administered (or circumstances to be administered)		Dosage to be administered	Method of administration	Signature of parent/Guardian	Medication administered		Dosage Administration	Method of administration e.g. oral, self- administered	Name of educator administering	
	Time	Date	Time	Date	_ a	2 11		Time	Date			2 4	

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.

Medication Supply (Complete whenever Schedule 8 medication supplied to service and keep with Medication Box) Child Name:						Imp	ortant			
Medication Name:Expiry:						This	record is to be completed	hy a Peak		
Supply Amount No. of tablets:	Date//_	Parent Signature:		Tick if collected from Service and Intal: Start a new record on next line Educator in conjunction with the						
No. of tablets:	_/_/_		Collected on date:	/_/No. of tablets:		Pare	ent/Guardian whenever a S	chedule 8		
No. of tablets:	to of tablets: Collected on date: No of tablets: Mo of tablets:									
No. of tablets:			Collected on date:	/ / No.	collected from the service.					
No. of tablets:			Collected on date:	No. of ta	1					
No. of tablets:	_/_/_		Collected on date:	No. of tables						
Supply Amount		Date	Parent Signature:	Staff Initial:		Tick if collected from Service and start a new record on next line	Return Amount			
No. of tablets:				_			Collected on date://	No. of tablets:		