

1.3 Administration of Long-Term Medicines

Date: _____

Name of child: _____ Date of birth: _____

Name of Parent/caregiver: _____

Mobile: _____

Reason for long-term medication: _____

Directions for the administration of medicine

Amount to be taken: _____

How often: _____

Does medicine need to be kept in the fridge? YES / NO

Kaiako to complete 1.3 Administration of Medicine sheet located in Medicine Folder when giving required medicine

Parent consent

I accept full responsibility for maintaining supplies to ensure the medication has not passed the expiry date.

I give permission for a OMP kaiako to administer the above medication according to the directions indicated above and in accordance with OMP Administering Medicine Policy.

I accept OMP will take due care with administering this medication to my child and I release OMP and OMP kaiako from any responsibility associated with it.

I will inform OMP in writing if there is any change in the above medication information. OMP will accept responsibility for keeping the medication in a safe place.

Parent/caregiver signature: _____ Date: _____