Child's Name: _____

Jumbunna Health Policy

Administration of Medication and Medical Procedures

(To be completed by Staff when administering medication/medical procedure)

NB: Before administering medication CHECK details – right child, right medication, parent authorisation

Date	Dosage	Time	Last time administered	Type of Administration (eg. oral, injected)	Administered by Staff - Name	Administered by Staff – Signature	Witnessed by Staff – Name	Witnessed by Staff- Signature	Comments