



حضانة المستقبل
nursery of the future

Medication Administration Form

We will administer medication to children only where a dosage plan has been made for that child and approved by the Registered Nurse. When medication must be administered in the centre, the use of and access to that medication will be controlled carefully.

We advise parents to seek a dosage schedule with their healthcare provider that doesn't involve the hours the child is in the centre. However, we welcome parents and guardians to the centre to administer medication to their own child during the day. Lastly, our registered nurse can administer the medication once the dosage plan has been approved.

Conditions For Administrating

- The Parent/Guardian **must** complete and sign this Medication Administration Form, which will be kept with your child's records.
- Medication **must** be provided in original, child-proof container and labelled with the child's name.
- All medication containers and dispensers will be stored out of the reach of children and will be returned to Parent/Guardian when completed.
- A written record will be kept of the administration of all medications.
- When no longer needed by the child, or when the child's enrolment finishes, all medications will be disposed off, or returned to the child's Parent/Guardian upon request.

Prescription Medications

- Medication will be administered in accordance with the pharmacy label directions as prescribed by the child's health care provider.
- The instructions from the child's Parent/Guardian must not conflict with the pharmacy label directions.

Non - Prescription (Over-the-Counter) Medications

- May be administered without approval or instructions from the child's health care provider.
- Shall be administered in accordance with the product's directions on the container.
- The instructions from the child's Parent/Guardian must not conflict with the product's directions on the container.

AUTHORISATION FOR MEDICATION ADMINISTRATION

I hereby authorize the staff of Ora to administer the required medication to my child:....., and I hereby release and indemnify Ora and its staff from and against any claims or liabilities arising out of the administration or any omission to administer such medications.

Parent/Guardian Name:

Telephone:

My Child's Health Care Provider is:..... Telephone:.....

Allergies:.....

In Case of Emergency, contact:..... Telephone:.....

Parent/ Guardian signature:..... Date:.....