

Long Term Administration of Medical Treatment Form

Relating to Standard 7.7

Name of Child:
Name of medicine or treatment to be administered:
Medicine batch number (if necessary):
Time and required dosage to be administered:
Name of staff to administer treatment:
Training given by (parent, health professional, etc): Signature: _____ date: _____
Training updated:
Any special instructions relating to the treatment:
Parent/carer signature: _____ date: _____
Childcare provider signature: _____ date: _____

Date/time treatment administered by childcare provider	Signature of staff member administering treatment	Countersignature of parent	Any comments or notes