Medical - Medication Administration Check

**Use with ACECQA Medication Record**

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Medication authorised** | **In original container** | **Can read label** | **Has this child’s name on it** | **Is Current** | **Dose of medication matches authorisation and label** | **Signature** | **Witness Signature** |
|  / / |  : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |
|  / / | : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |
|  / / | : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |
|  / / | : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |
|  / / | : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |
|  / / | : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |
|  / / | : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |
|  / / | : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |
|  / / | : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |
|  / / | : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |
|  / / | : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |
|  / / | : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |
|  / / | : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |
|  / / | : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |
|  / / | : | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |  |  |

Circle yes or no