



Holy Family BASC inc.
 Together Forever, One Happy Family

1D Anzac Rd
 MENAI NSW 2234
 Telephone/Fax: 9541 4367
 E: hfbascdirector@gmail.com
 W: www.holyfamilybascmenai.com.au

MEDICATION AUTHORITY FORM

(Please complete one medication form per medication)

Name of Child: _____

Medication: _____

Specific Instructions: _____

Expiry Date: _____

Storage Instructions: _____

Day (parent) →	Time	Dosage	How to administer?	Time (staff) →	Dosage	How it was Administered?	Staff#1	Staff #2	Parent Signature

I give permission for my child to receive the above medication. I have provided:

- Medical Authority from Doctor (action plan or doctors letter) (attached)
- Deed of Indemnify Completed
- Medication is required

Signed: Date:



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DEED OF INDEMNITY
(One form required for all medication)

In Consideration of the members of staff of Holy Family Before & After School Care and Vacation Care administering medication to my son/daughter as requested by me.

I Hereby indemnify and keep indemnified the Holy Family Before & After School Care Inc. Parent Management Committee and it's officers, staff and agents against all actions, suits, claims, demands, proceedings, losses, damages, compensation, cost, charges and expenses whatsoever in respect of any personal injury or infringement, disturbance or destruction of any rights of any person including myself and my son/daughter arising directly or indirectly out of the aforementioned administration of medication.

Signed, sealed and delivered by the said
(Name and Signature of Parent/Guardian)

In the presence of (print and signed)
(Name and Signature of Witness)

On this dayof this monthof this year