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Permission Slip to administer Medication (1 form per child, per medication)

Part A - Parent/Guardian to Complete

I of
Parent/Guardian's Name Address

hereby instruct/authorise to give
Nanny's Name Childs' Name

clear description of medication & dosage to be administered (*kindly use 1 permission slip per medication*)

at
time/s to be taken (please note am or pm)

on
date/s to be taken

Parent/Guardian's Signature: Date: / /

Parent/Guardian's Name:

Part B - Nanny to Complete

I of
Nanny's Name Address

acknowledge the above and will administer the medication as instructed.

Nanny's Signature: Date: / /

Register of Medication administered

Date	Time	Dosage	Nanny's Signature

IMPORTANT NOTES - Please retain the Permission Slip for your records.

(We recommend you retain this document for 21 years in line with the status of limitations)

The AIS Insurance Solutions Liability Policy *does not* provide liability cover for any Personal Injury arising directly or indirectly out of or caused by treatment prescribed or administered by *You* or on *Your behalf*. However, provided the attached AIS Permission Slip to administer Medication is completed by the Parent/Guardian and yourself and the medication is administered as per the instructions therein, the policy *does* protect and indemnify you for Treatment risk (i.e. for any Personal Injury arising directly or indirectly out of or caused by treatment administered as per the outlined instructions). Please be aware that, if you neglect to administer the medication as outlined in the AIS Permission Slip, you *will not be covered by the Policy*.