



Form C (Page 1) List of Medication Authorised by Doctor

Parents, Guardians, or the Individual are to request the person's Doctor to provide instructions about the medication to be administered. Please print clearly to ensure this document can be easily read by anyone.

Form with fields for Person's Name, Doctor's Name, Doctor's Email Address, DOB, Doctor's Phone No, and Doctor's Fax No.

Prescription Medication

Note that "Scheduled" here means "provided at a set time or at regular intervals"

Table with columns: Date, Name of Medication and Strength, Dosage, Route, Conditions of Administration, and Times to Be Given (B/fast, Lunch, Dinner, Evening). It is divided into four sections: 1. Scheduled and Provided in Webster-Paks, 2. PRN and Provided in Webster-Paks (eg. anti-psychotic medication), 3. Scheduled and Non-Webster Packed (eg. liquid prescription medication), and 4. PRN and Non-Webster Packed (eg. liquid cough medicine, skin creams).



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Non-Prescription Medication

(Vitamins, creams, supplements, homeopathic and naturopathic remedies)
Please detail below any other medication/vitamins/supplements that are to be taken.

(Doctor to sign this section)

Table with columns: Date, Name of Medication and Strength, Dosage, Route, Conditions of Administration (Eg. with a meal, with water), and Times to Be Given (Please specify approximate time) with sub-columns B/fast, Lunch, Dinner, Evening.

5. Scheduled and Provided in Webster-paks (Non-prescription) (eg. Vitamins, Homeopathic Tablets)

Table with 8 columns for medication details and timing, corresponding to section 5.

6. PRN and Provided in Webster-paks (Non-prescription) (eg. Panadol, Aspirin)

Table with 8 columns for medication details and timing, corresponding to section 6.

7. Scheduled and Non-Webster Packed (Non-prescription) (eg. Liquid Cough Medicine, Flower Remedies)

Table with 8 columns for medication details and timing, corresponding to section 7.

8. PRN and Non-Webster Packed (Non-prescription) (eg. Liquid Cough Medicine, Skin Creams)

Table with 8 columns for medication details and timing, corresponding to section 8.

I hereby confirm that the substances detailed above will have no adverse effect on the person when taken in conjunction with their prescribed medication in the quantity and manner described.

Doctor's Signature:

Date:

PLEASE NOTE: Tablet medication must be packaged in a sealed Webster-pak. All other containers must have a typed chemist's label showing current and correct dosage as prescribed by your Doctor. Where medication is mixed with jam, honey etc. to encourage the person to take the medication, please ensure your Doctor gives instructions on what substance to use and how to mix and administer it.

This form is part of a "Medication Kit" that has been designed by to assist in minimising the risks associated with the administration of medication when a person uses more than one service. Staff supporting the Person are to maintain Forms E, F, G, & H and are to ensure that all Forms remain with the Person in the Kit supplied where they move from one Agency to another. Link Staff must photocopy and file a copy of each of the Forms before the Person moves from their care as a record of the medication administered.