



Form H

Self Administered Medication Authorisation

This form is to be completed by people who administer their own prescribed medication and is to be completed only when accessing the support of an agency.

I, _____,
please print name in full

understand that I take full responsibility for taking my medication in the correct manner, and using the correct dosage as prescribed by the doctor. I will take responsibility for the safe storage and carriage of my medication it will remain on my person at all times eg. hand bag, ruck sack.

Signature: _____

Date: _____

Additional Information:

- Please see file notes for further information
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