

This form is used by support staff as a guide to assisting with the administration of PRN and Non-Prescription medication.  
The form lists all non-prescribed and prescribed 'as needed' medication.  
It is to be completed and signed by the individuals Doctor and signed by the individual/family, primary carer or Statutory Health Attorney (SHA).

Individual:		DOB:	
Doctor:		Phone:	
Contact Person:		Phone:	

Name of Medication and Strength	Dose	Method of administration	Reason prescribed	When to administer	Minimum time between doses	Observations/ Additional comments

**I hereby give permission for Weeroona staff to administer the medication as set out above**

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the individual: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you require contact from a Support Worker before the giving of medication? Yes  No  Doctor/Carer (please circle)