ROUTINE

VILLA MARIA

MEDICATION AUTHORITY FORM
PRESCRIBED AND NON PRESCRIBED

- This sheet is to be completed by the prescribing Doctor and must clearly state the name of the medication, the dosage, the route and frequency of administration
- Staff will not administer medication unless this form has been completed and signed by the prescribing Doctor
- Staff will not administer medication unless this form has been sighted at the time of administration

PLEASE PRINT CLEARLY
NAME:_____**Date of Birth**_____

PRESCRIBING DOCTOR:_____**SIGNATURE**_____

DATE	Prescribed medication (print clearly)	**Reason For Medication:**	DOSAGE	ROUTE	FREQUENCY i.e. 7am & 4pm, 4 hourly	Review Date	Doctors Signature	Discontinued	
Blister Pack Medication:								Date	Doctor Signature
Original Container Medication									

Special Instructions: (eg. Tablets can be crushed and put in liquid)

Medication Allergies:

White Form