



MEDICATION AUTHORITY FORM

Hireup requires all information regarding medication that a person seeking support requires a Hireup disability support worker to assist with or administer.

This form should only be completed by the treating medical/health practitioner and needs to be updated every 12 months, or when changes to medication occur.

PLEASE PRINT

Account Managers name (if nominated): _____

Individuals name (person seeking support): _____

Date of Birth: _____

Name of Doctor/medical/health practitioner: _____

Phone number of medical practice: _____

Address of medical practice: _____

Date form completed: _____ Review date: _____



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SECTION A - medication information						
Name of Medication	Dosage amount	Frequency Time / PRN	Route	Reason for medication	Special instructions	Start, review, end Dates
						Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
						Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
						Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
						Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication



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SECTION B - information and authorisation

Medication Storage

Please indicate if there are specific storage instructions for the medication: *If additional advice/information is required, please attach to this form.*

Authorisation

Total number of medications listed:

Additional pages Y/N:

Name and position medical/health practitioner (please print):

Signature:

Date:

Name of person responsible (person receiving support or Account Manager):

Signature:

Date:



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ADDITIONAL PAGES						
Name of Medication	Dosage amount	Frequency	Route	Reason for medication	Special instructions	Start, review, end dates
						Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
						Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
						Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
						Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication