



# Medication Authorisation Form

Please note all solid based (tablets/capsules) medication MUST be Webster packed before planned support provision can take place.

Participant Name

## Description

	Yes	No
<b>I understand</b> that all solid based medication (tablets, capsules) whether regular or routine must be dispensed (e.g., Webster pack, by a registered pharmacist)	<input type="checkbox"/>	<input type="checkbox"/>
<b>I understand</b> that prescribed medication in liquid/cream form must be supplied by pharmacist-labelled bottles or tubes indicating the individuals name, dose, and dispensing procedure.	<input type="checkbox"/>	<input type="checkbox"/>
<b>I understand</b> that any change to medication must be made via written authorisation by doctor/dentist.	<input type="checkbox"/>	<input type="checkbox"/>
<b>I understand</b> that any changes to medication made verbally by the doctor/dentist must be followed up within 24 hours with authorisation	<input type="checkbox"/>	<input type="checkbox"/>
<b>I understand</b> that all non-prescribed /complementary medication must be authorised for administration by a doctor and must be dispensed into a package system by registered pharmacist.	<input type="checkbox"/>	<input type="checkbox"/>
<b>I understand</b> that workers will adhere to medical practitioners' advice/instructions regarding the care of the above-named individual and comply with ICAS Medication Policy	<input type="checkbox"/>	<input type="checkbox"/>
<b>I authorise</b> ICAS workers to take the above-named individual to the doctor if required.	<input type="checkbox"/>	<input type="checkbox"/>

*All information collected will only be used for the purpose intended and will be held as per ICAS Privacy and Confidentiality Policy Statement.*

Participant/Guardian Signature:

Date:

Worker's Signature:

Date:

If participant is unable to sign what is the relationship to the participant:

☐

Family member

☐

Guardian