Permission Slip to Administer Medication

PART A – CLIENT / POWER OF ATTORNEY TO COMPLETE

I _____ of _____

Client / Power of Attorney Name — Address

Hereby instruct / authorise _____ to give _____

Carer's Name — Client's Name

the following Medication & Dosage:

MEDICATION	DOSAGE	TIMES TO BE TAKEN (NOTE AM/PM)	DAYS/DATES TO BE TAKEN

Client/Power of Attorney's Signature: _____ Date: _____

Client/Power of Attorney's Name: _____

PART B – CARER TO COMPLETE

I _____ of _____

Carer's Name — Address

acknowledge the above and will administer the medication as instructed.

Carer's Signature: _____ Date: _____

Carer's Name: _____

Important Notes - Please retain the Permission Slip for your records.

The policy does protect and indemnify you for any Personal Injury arising directly or indirectly out of or caused by treatment prescribed or administered *by You* or *on Your behalf* (Some Occupations Excluded – Mothercraft Nurse, Registered Nurse, Doula). However, we recommend you complete Nannysure's Permission Slip every time you administer medication and retain it for your records as confirmation may be required in the event of a claim.

Permission Slip to Administer Medication

REGISTER OF MEDICATION ADMINISTERED

MEDICATION	DOSAGE	TIME	DATE	CARER'S SIGNATURE

Additional copies can be downloaded from www.nannysure.com.au or photocopied, alternatively contact our office on (02) 9899 2999.

NannySure is a product of Finsura Insurance Broking (Australia) Pty Limited
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This Policy is underwritten by QBE Insurance (Australia) Limited
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