



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:

Table with 4 columns: MEDICATION, DOSAGE, TIMES TO BE TAKEN (NOTE AM/PM), DAYS/DATES TO BE TAKEN. Multiple empty rows for data entry.

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.