

Medication Authority Form

Supplementary Page for medication via PEG

Instructions:	<ul style="list-style-type: none"> To be completed by a medical practitioner only. This form is valid for 12 months from the date signed by a medical Practitioner. 	INSERT PHOTO
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Students name:		Date of Birth:	
Allergies:		Class:	

Is a water flush required prior to administration of medication?	Yes	No	If yes, quantity	mls
Is a water flush required between medications when administrating more than one medication?	Yes	No	If yes, quantity	mls
Can different medications (tablets/capsules) be combined (dissolved together) for administration?	Yes	No		
Is a water flush required after administration of medications?	Yes	No	If yes, quantity	mls

Please provide any further instructions to assist with administration: **(please print clearly)**

Doctors Name:		Doctors Ph:		Signed:		Date:	
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