[Insert organisation name/logo]

# MEDICATION Administration Authorisation Sheet

***🖌Note\****

*All client medication administration templates should be reviewed by qualified medical personnel before finalising.*

*\*Please delete note before finalising this template.*

This form is maintained by **[insert position title e.g. senior clinical manager] a**s a record of all staff to identify who is authorised to administer medication to clients. This sheet will be cross referenced during monthly medication audits.

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| **Staff name** | **Authorised Y/N** | **Signature/Initial** | **Staff name** | **Authorised Y/N** | **Signature/Initial** |
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