[Insert organisation name/logo]

# MEDICATION assistance Authorisation FORM

***Note\*****All client medication assistance 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]** as a record of all staff to identify who is authorised to assist clients with their medication. This sheet will be cross-referenced during monthly medication audits.

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