

Medication Authority Form



This form authorises Aries Care Pty Ltd:

to summon any and all professional emergency personnel to attend and transport;

grants Aries Care Pty Ltd consent to administer general first aid for any minor injuries or illnesses experienced by participant.

Participant name	
Date of birth	
Medical alert number if applicable MEDICARE NUMBER	
Emergency contact name and number	
Relationship of emergency contact	
GP DETAILS & PHONE NUMBER	
Any allergies in general OR medication allergies	

Please note: Whilst in Respite Care, all prescribed medication must be Blister packed by a pharmacist for the number of the days the participant is in our care.

Medication name	Dosage	Frequency	In BLISTER pack?

AUTHORITY DETAILS

1.1 I do hereby state that I have legal custody of the aforementioned participant. I grant my authorization and consent for Aries Care Pty Ltd to administer general first aid for any minor injuries or illnesses experienced by the above participant.

1.2 If the injury or illness is life threatening or in need of emergency treatment, I authorize Aries Care Pty Ltd to summon any and all professional emergency personnel to attend, transport, and to treat the above participant and to issue consent for any X-ray, anaesthetic, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

1.3 I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the on-duty Aries Care Pty Ltd staff in the exercise of his/her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: Duration of time in Aries Care Pty Ltd Respite Accommodation

Parent/Legal Guardian Signature: _____

Printed Name: _____

Parent/Legal Guardian Signature: _____

Date Signed: _____