

Consent to Administer Medication - Service User

A: DETAILS OF SERVICE USER

Name:	Forename(s):
Title:	Likes to be known as:
Date of Birth:	Age:

B: CONSENT FOR CARE STAFF TO ADMINISTER MEDICATION

(as appropriate to Staff Training relevant to the type of medication to be administered)

TYPE OF MEDICATION TO BE ADMINISTERED	SERVICE USER			WITNESSED BY (Staff Member)		
	Print Name	Signature	Date	Print Name	Signature	Date
ORAL (tablets, pills & capsules)						
ORAL (liquids, syrups)						
TOPICAL (creams, ointments & lotions)						
TOPICAL (powders)						
TOPICAL (transdermal patches, plasters)						
RESPIRATORY (oxygen, inhalers)						
RECTAL (suppositories)						
INTRAVENOUS / INTRAMUSCULAR INJECTIONS						