

Medication Authorisation & Administration Record in school - 12 months

Drug & formulation:			Time	Dose	Route:			Patient Details														Allergy Details															
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Additional information:					Start	Start Date:		Address:										_	Weight:						-												
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Medication not administered For medication not administered enter the appropriate code on the administration record.			Time	Dose	Batch No. Exp.	-						$\overline{}$							1	Т	Date	;	_	_			$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$	\neg						
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Note details in the patients notes.				as above																Τ							Т										
Allergic Reaction				as above																																	
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Patient unable to take				as above																																	
 Patient refused Medication unavailable Patient unavailable Inappropriate/unclear prescription Patient self-administered Family/carer administered Other - state reason below 				as above																Т							Т										
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