



## RECORD OF UNSCHEDULED MEDICAL TREATMENT

Client's Name.....

Name of Support Worker.....

Carer's Name.....

Emergency Contact Number.....

This Record of Unscheduled Medical Treatment form is to be used when the client being supported requires an unscheduled Medical Treatment during a Tandem respite session.

A medical incident can be, but is not limited to: an allergic reaction, asthma management, epilepsy management or diabetes management.

When a medical incident occurs, Support Workers are required to notify their CoOrdinator as soon as practicable and also complete an Incident Report.

Date	Type of Medical Treatment given (eg- Allergy, Asthma, Epilepsy Management, Diabetes Management)	Check against contents of MTP (Yes/ No)	CoOrdinator Contacted (Yes/ No, time and name of CoOrdinator)	Carer Contacted (Yes/ No, Time if contacted)	Were emergency service contacted? (Yes/ No, Time if contacted)	Name of person administering treatment	Signature of person administering treatment	Signature of Carer upon handover following administration of Medical Treatment	

**Please Fax to Tandem on 6287 2680 or email [admin@tandem.org.au](mailto:admin@tandem.org.au)**



### MEDICATION ADMINISTRATION FORM

This form is to be utilised by families/clients and Support Workers when a client requires prescription medication on a long term or short term basis. Please complete all sections and return to Tandem with your time sheets on a weekly basis.

Client's Name .....

Support Worker/s .....

Carer's Name .....

Emergency Contact Number .....

<i>(Please write date in the adjacent column)</i>	SAT	SUN	MON	TUES	WED	THUR	FRI
Please note name of medication, dosage, time that administration of medication should occur & expiry date valid, time last administered ..... ..... ..... ..... .....  <i>(Medication is to be dispensed by family/client only in the presence of Support Worker.            Family/client and support worker to initial form following dispensing)</i>							
<i>Support Worker: please sign &amp; note time the medication was administered.</i>							
Comments..... ..... ..... .....							
I acknowledge that the Support Worker has administered medication to the person outlined in the Medical Treatment Plan/ Prescription label and as noted above.  _____ <i>(Carer's/Clients) Signature Required</i>							

**Please Fax to Tandem on 6287 2680 or email [admin@tandem.org.au](mailto:admin@tandem.org.au)**