

**Total Life Center
Medicine List/Waiver**

In preparation for possible emergencies, please list below all medications being taken by the participant either at the Center or at home. The Medicine List/Waiver will provide EMS workers with vital medical information necessary to administer proper treatment. It is important that the staff at the Center be given in writing any changes in medication to keep our records current.

Authorization to Provide Medication Assistance (if medications are given at the center):

I hereby authorize the personnel of Resources for Seniors, Total Life Center Program to assist with the medicine(s) listed below. In doing so, I hereby release Resources for Seniors, its officers, staff and personnel, from any and all liability that might arise as a result of the medication assistance being provided to (me) _____ and hereby waive any action which I may have as a result of medication assistance being provided. I will be notified when the medicine supply is low. Furthermore, I release the fore said from any and all liability that might arise as a result of medication assistance not being provided because the medication was not replenished. I understand that I will be asked to update this form at least every 90 days.

Participant's Name: _____

✓ If Taken at the Center	Times Given at Center	Name of Medicine	Dosage	Frequency	Route	Reason for Giving
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

I give my permission for the participant to take the following over-the-counter medication if requested:

Tylenol Pepto-Bismol Other: _____ None

Allergies: _____ No Known Allergies

Medication Policy:

State regulations prohibit us from assisting any medication not in the original container from the doctor or pharmacy. North Carolina Adult Day Care Standards for certification state that all medications kept by the program shall be in the containers in which they were dispensed from the pharmacy. The container shall be clearly labeled with the participant's full name, the name and strength of the medicine, and dosage and instructions for administration. Medication assistance will only be provided for medications that meet these criteria. Most pharmacies will give duplicate containers if asked. Medications brought to the center in envelopes, pills boxes, or other containers not meeting the above description cannot be given.

With everyone's safety in mind, it is necessary to strictly comply with this policy. It is not intended to be a hardship on anyone. Thank you for your cooperation.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____