OVER-THE-COUNTER (OTC) MEDICATIONS

The resident's healthcare professional must approve, in writing, the use of any OTC medication, supplement, or remedy prior to its addition to the resident's drug regimen so as to prevent contraindication (i.e., harm to the resident).

CERTIFIED FAMILY HOME PROVIDER

The provider is the adult caregiver responsible for properly monitoring and/or assisting the resident with medications.

Full Legal Name:	Certificate No.:

RESIDENT

The resident is a vulnerable adult living in the CFH provider's home for whom approval of OTC medications on this form are requested.

Full Legal Name:	Date of Birth:

OTC MEDICATIONS/TREATMENTS

The following OTC medications, supplements, and/or remedies are proposed for the resident's use.

CONDITION	NON-PRESCRIPTION MEDICATION, SUPPLEMENT, OR REMEDY
Acid Stomach	
Allergies/Congestion	
Cold/Flu	
Constipation	
Diarrhea	
Indigestion	
Pain/Fever	
Vitamin/Supplement	

SPECIAL INSTRUCTIONS

The healthcare professional may use the following section to give special instructions regarding the resident's OTC medications.

_____
_____
_____
_____
_____
_____
_____
_____

HEALTHCARE PROFESSIONAL AUTHORIZATION

My signature below indicates the OTC drugs, supplements, and/or other remedies listed on this form are approved for the resident's use.

Name of Practice:

Healthcare Professional's Printed Name:

_____ _____

HEALTHCARE PROFESSIONAL'S SIGNATURE DATE