

**Rehabilitation Society of Southwestern Alberta
And
JobLinks Employment Centre**

Request for Medication Administration

Note: All Medication must be pre-measured by Guardian or Residential Staff. The container must be clearly labeled with the individual's name, Doctor's name, Medication name and dosage. The original medication container or dossette is preferred.

**Use one sheet per medication, print clearly.*

INDIVIDUAL: _____

NAME OF DRUG: _____

PRECRIBING DOCTOR: _____ **PHONE:** _____

PHARMACY: _____ **PHONE:** _____

DOSAGE: _____

PURPOSE: _____

TIME TO BE GIVEN: _____

PHYSICAL DESCRIPTION OF MEDICATION: (i.e. red liquid, blue tablet, white capsule, etc.)

ROUTE (How administered)

POSSIBLE/NOTICEABLE SIDE EFFECTS:

I hereby give permission for the drug described above to be given to the individual stated above for the period _____ to _____, 20_____

Signature of Guardian

Date

Or consent given by telephone, staff signature/date: _____

Or Medication Administration Request received from Residential Support Provider:

Signature of Residential

Date

** Note to Residential Staff – by signing you are indicating that you have received consent from Guardian this medication to be administered.*