



Self-Administration of Medication

I, _____, elect to keep all prescribed medications in my room/apartment, to administer myself. I release Golden Age Home of any responsibility or liability as to the method or amount of medications I consume or do not take.

I hereby understand that medications kept in my room/apartment must be stored in a locked box.

I also understand that the staff of Golden Age Home will counsel me at least once a month to ascertain my capability to self-administer my medications and treatments and to check the security of my medication's storage. If at any time these provisions are not met, I understand that I will no longer be able to self-administer my medications without Golden Age Home staff direction.

Resident: _____

Date: _____

Responsible Party: _____

Date: _____