

# Written request for assistance/ consent for medication assistance

I, \_\_\_\_\_ hereby request management and/or staff of  
\_\_\_\_\_ to assist me with medication as prescribed  
by my medical practitioner.

- I understand that this means assisting me at the correct times to access my prescribed medication from its container which has been dispensed by a registered pharmacist.
- I understand that this means assisting me to access appropriate non-prescription medication in accordance with the directions provided by the manufacturer.
- I understand that this means assisting me with alternate medications recommended by my medical practitioner and/or pharmacist.
- I authorise the safe storage of such medication in a locked area within the facility.
- I authorise that my prescriptions are given to the pharmacist as required.
- I acknowledge that should I refuse to take the prescribed medication, I do so at my own risk, and that staff will notify my medical practitioner.

\_\_\_\_\_  
Signature of resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of authorised person (*e.g. statutory attorney,  
guardian, substitute decision maker*)

\_\_\_\_\_  
Date

Print name of authorised person	
Relationship to resident	