

Mandatory for In-Person Program MEDICAL SELF-MANAGEMENT FORM

Client Name:

If there are no medication/vitamin to be supervised, please indicate by stating "no medications required at this time".

The following medication and vitamin (s) are required to be selfadministered during the hours of participation in the Adult Day Program:

MEDICATION/	DOSAGE/FREQUENCY	TIME TO ADMINISTER
VITAMIN		(During ADP hours)

ALLERGIES: Please list all food and/or environment allergies.

Any new medication or vitamin (s) changes must be communicated to the Program staff to ensure correct administration is directed and observed.

Client/POA Signature

Date

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