



IDAHO DEPARTMENT OF HEALTH & WELFARE

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CERTIFIED FAMILY HOME OVER THE COUNTER (OTC) MEDICATIONS www.cfh.dhw.idaho.gov

AUTHORIZATION FOR OVER THE COUNTER (OTC) MEDICATIONS

The listed resident lives in a Certified Family Home. This is a home certified by the State of Idaho to care for disabled adults. The certified family home provider is required to obtain written consent by the resident's licensed medical professional before giving any medications.

Resident's Name: _____

Standard OTC Medications

- Pain Reliever: _____
 - Antacid: _____
 - Cold/Sinus: _____
 - Anti-Diarrhea: _____
 - Stool Softener: _____
 - Other: _____
 - Supplements/Herbs: _____
- _____

Physician signature: _____ Date: _____