

OVER-THE-COUNTER (OTC) MEDICATIONS

Per IDAPA 16.03.19.400.02.d., the resident's health care professional must approve OTC medications.

CERTIFIED FAMILY HOME PROVIDER

The provider is the adult responsible for maintaining the certified family home and providing care to the resident.

Full Legal Name:	Certificate No.:
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RESIDENT

The resident is the vulnerable adult living in the provider's home for whom OTC medications/treatments on this form are requested.

Full Legal Name:	Date of Birth:
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OTC MEDICATIONS/TREATMENTS

The following OTC medications and/or treatments are proposed for the resident's use.

CONDITION	OTC MEDICATION/TREATMENT
Acid Stomach/Indigestion	
Allergies/Congestion	
Cold/Flu	
Constipation	
Diarrhea	
Pain/Fever	
Vitamin/Supplement	

SPECIAL INSTRUCTIONS

The health care professional may use the following section to give special instructions regarding the resident's medications.

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HEALTH CARE PROFESSIONAL AUTHORIZATION

The health care professional's signature below indicates the OTC medications/treatments listed on this form are approved for the resident's use.

Printed Name:	Business Phone: ()
Practice Name:	
_____	_____
HEALTH CARE PROFESSIONAL'S SIGNATURE	DATE