



General Information

Consumer Name (<i>First and Last</i>):		Consumer Number:
Program:	Sub-program:	Region/Site:

Declaration and Signatures

I agree that the staff of March of Dimes Canada (MODC) have my permission to assist me with my medication(s) as I direct them.

I acknowledge that the staff are not trained professionals in the administration of medication, and that they are thereby limited in the assistance that they are able to provide. I acknowledge that staff are informed of proper medication procedures as outlined in March of Dimes policy.

I understand that it is my responsibility to safely participate in my medication procedure(s).

I understand that staff are required to maintain a written record of my medication(s) and the assistance that they provide to me.

I do hereby release March of Dimes Canada and its employees and agents from all manner of actions, causes of action, suits, losses, damages or injuries, however caused, during or arising from the administration or failure to administer medication as provided herein. I also do hereby agree to indemnify March of Dimes Canada and its employees or agents for any losses or damages sustained by them as a result of such actions or proceedings being commenced against them by myself or my representatives.

I, the Consumer named above, do hereby acknowledge that I have read and fully understand the above terms regarding self-medication assistance.

Note: Please note that MODC staff may only provide dosage as per prescription, or as outlined on the package of "over the counter" medications, unless doctor-approved dosage change is obtained.

All medications must be in either:

- The original labeled prescription or container; or
- Blister-Pak prepared by a pharmacy; or
- A dosette filled by a Regulated Health Care professional

I agree to the above terms and references, and agree to abide by the parameters of my approved medication plan.

In the event that the Consumer is only able to provide verbal consent, the signature of a witness is required. The Witness, when required, acknowledges that the Consumer has confirmed that the Community Support Supervisor/Senior Rehab Worker/designate has explained each clause of this document to him or her and that the Consumer appears to have fully understood this document.

This form may be signed by either the Consumer or his/her Substitute Decision Maker (SDM). Where there is a signature of an SDM, March of Dimes Canada must have documentation validating status as a Substitute Decision Maker on file.

Signature of Consumer/Substitute Decision Maker:	Print Name (<i>First and Last</i>):	Date (<i>mm/dd/yy</i>):
Signature of Witness (<i>if applicable</i>):	Print Name (<i>First and Last</i>):	Date (<i>mm/dd/yy</i>):
Signature of MODC CSS/SRW/designate:	Print Name (<i>First and Last</i>):	Date (<i>mm/dd/yy</i>):

