

Resident's Name \_\_\_\_\_

**RESIDENT'S MEDICATION  
RECORD  
PART I**

**INSTRUCTIONS: ADULT FOSTER HOME CAREGIVERS MAY ADMINISTER MEDICATION TO A RESIDENT ONLY UNDER CERTAIN CONDITIONS AS FOLLOWS:**

1. The operator must get a written statement from the resident's physician stating the name of the medication(s) prescribed and whether the resident is capable of taking medication without assistance. (Attach statement to record.)

Date of statement \_\_\_\_\_

2. The operator must obtain written permission from the resident or resident's legal representative to administer the medication.

I, \_\_\_\_\_, give permission for the adult foster home  
Resident's name  
caregiver(s) to give me medication as directed by my physician.

Signed \_\_\_\_\_  
Resident's name

Date signed \_\_\_\_\_

OR

As the legal representative of \_\_\_\_\_, I, \_\_\_\_\_,  
Resident's name legal representative's name  
give permission for the adult foster home caregivers to give medication to \_\_\_\_\_  
Resident's name  
as directed by his/her physician.

Signed \_\_\_\_\_  
Legal representative's name

Date signed \_\_\_\_\_

3. Medication by a caregiver may only be given in accordance with the written instructions of the physician. A prescription label constitutes written instructions from the physician.

4. A caregiver shall not give injectable medication unless:

1. The caregiver is a registered nurse or licensed practical nurse with a current Minnesota license is authorized to do so in writing by the resident's physician (attach authorization) and is covered by professional liability insurance:

OR

2. There is an agreement signed by the caregiver, the resident's physician, the resident, and the resident's legal representative specifying what injections may be given, when, how and that the physician shall retain responsibility for the caregivers giving injections. A copy of the agreement must be placed in the resident's personal record.

5. Complete the information in Part II with the resident's physician for each medication.

Part II

Medication: \_\_\_\_\_

Prescribed by: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Information on prescription label \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consequences if medication is not taken as directed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adverse reactions that must be reported to the physician: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructions from the physician when he/she is to be notified if medication is not taken as directed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication started: \_\_\_\_\_ (Date)

Note below when medication is changed or discontinued:

Date	Notation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note below any reports made to physician when medication is not taken as prescribed or there are adverse reactions:

Date	Notation
_____	_____
_____	_____
_____	_____
_____	_____

Medication: \_\_\_\_\_

Prescribed by: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Information on prescription label \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consequences if medication is not taken as directed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adverse reactions that must be reported to physician: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructions from the physician when he/she is to be notified if medication is not taken as directed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication started: \_\_\_\_\_ (Date)

Note below when medication is changed or discontinued:

Date	Notation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note below any reports made to physician when medication is not taken as prescribed or there are adverse reactions:

Date	Notation
_____	_____
_____	_____
_____	_____
_____	_____

Part II

Medication: \_\_\_\_\_

Prescribed by: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Information on prescription label \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consequences if medication is not taken as directed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adverse reactions that must be reported to the physician: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructions from the physician when he/she is to be notified if medication is not taken as directed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication started: \_\_\_\_\_ (Date)

Note below when medication is changed or discontinued:

Date	Notation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note below any reports made to physician when medication is not taken as prescribed or there are adverse reactions:

Date	Notation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Medication: \_\_\_\_\_

Prescribed by: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Information on prescription label \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consequences if medication is not taken as directed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adverse reactions that must be reported to physician: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructions from the physician when he/she is to be notified if medication is not taken as directed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication started: \_\_\_\_\_ (Date)

Note below when medication is changed or discontinued:

Date	Notation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note below any reports made to physician when medication is not taken as prescribed or there are adverse reactions:

Date	Notation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____