

(Name of RCHD)
**Confirmation of Request for Giving Proprietary/
 Non-prescription Drugs**

Resident’s name	Sex/Age	HKIC no.	Room and/or bed no.
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Please study part (V) before completing this confirmation and *delete as appropriate.

(I) Information of the Requested Proprietary/Non-prescription Drugs

Drug Name	Source	Purpose of Medication	Direction of Administration

(II) Resident’s Confirmation (leave blank if the resident has cognitive impairment)

I have requested this residential care home for persons with disabilities (RCHD) to give the above drugs to me. Any adverse effects that may cause will be at my own risk.

Signature _____ **Date** _____

(III) Confirmation by the Guardian/Guarantor/Family Member/Relative

I, _____ (name), am the *guardian/guarantor/family member/relative of _____ (resident’s name). I have requested this RCHD to give the above drugs to the said resident. Any adverse effects that may cause will be at my own risk.

Relationship with resident _____ **Signature** _____ **Date** _____

(IV) Confirmation by RCHD

In response to the request made by the said resident and/or his/her *guardian/guarantor/family member/relative to this RCHD for giving the above proprietary/non-prescription drugs to the resident, our health care staff have reminded the said resident and/or his/her *guardian/guarantor/family member/relative of the potential adverse effects of the drugs, and have also consulted _____ (name of registered medical practitioner) of _____ (name of hospital/clinic) who has no objection to the administration of the drugs for the said resident.

Name of home manager _____ **Signature** _____ **Date** _____

**Name of nurse/
health worker** _____ **Signature** _____ **Date** _____

(V) Remarks

1. An RCHD shall record the drugs listed in part (I) at the Individual Drug Record (IDR) of the said resident and keep the “Directions for the Use of Drugs” for healthcare professionals’ reference.
2. The resident should immediately stop taking the drugs and consult registered medical practitioners if there is any adverse effect.
3. This confirmation shall be updated if there is any change in the drugs listed in part (I).