

(name of RCHE)

**Consent Form for Self-storage and  
Self-administration of Drugs**

<b>Resident's name</b>	<b>Sex/age</b>	<b>HKIC no.</b>	<b>Room and/or bed no.</b>
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**(I) Information of Drugs for Self-storage and Self-administration**

<b>Name of Drug</b>	<b>Source</b>	<b>Purpose of Medication</b>	<b>Direction of Administration</b>

**(II) Confirmation by Resident and \*Guardian/Guarantor/Family Member/Relative**

(\*please delete as appropriate)

I, _____ (resident's name), hereby request to store and administer the above drugs by myself. I am well aware of the medical practitioner's instructions and will administer the drugs on schedule and at advised dosage. I will also store the drugs in a secure and locked cabinet/box to prevent other residents from taking them mistakenly.		
<b>Resident's signature</b>	<b>Name of witnessing *guardian/ guarantor/family member/relative</b>	<b>Relationship with resident</b>
<b>Date</b>	<b>Signature of witnessing *guardian/ guarantor/family member/relative</b>	<b>Date</b>

**(III) Assessment by RCHE (please tick as appropriate)**

<b>Assessment</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
The resident fully understands the medical practitioner's instructions	<input type="checkbox"/>	<input type="checkbox"/>	
The resident can comply with the medical practitioner's instructions in administering the drugs on schedule and at advised dosage	<input type="checkbox"/>	<input type="checkbox"/>	
The resident is capable of storing the drugs in a secure and locked cabinet/box	<input type="checkbox"/>	<input type="checkbox"/>	
Nearby residents will not take the drugs mistakenly	<input type="checkbox"/>	<input type="checkbox"/>	
The drugs listed in part (I) are suitable for self-storage and self-administration	<input type="checkbox"/>	<input type="checkbox"/>	

Upon an assessment, this RCHE  **agree**/ **disagree** to handing over the drugs listed in part (I) to the resident for self-storage and self-administration.

\*Name of nurse/health worker \_\_\_\_\_ Name of home manager \_\_\_\_\_

\*Signature of nurse/health worker \_\_\_\_\_ Signature of home manager \_\_\_\_\_

Assessment date \_\_\_\_\_ Date \_\_\_\_\_

**(IV) Remarks**

<p>(1) The RCHE should re-assess and update/invalidate this consent form not less than once every half a year or under any following circumstances –</p> <p>(a) changes in the conditions of nearby residents who may take the self-administered drugs mistakenly;</p> <p>(b) the resident or his/her guardian guarantor/family member/relative has requested that the drugs will no longer be stored or administered by the resident;</p> <p>(c) the resident's cognitive or drug-handling ability has deteriorated; or</p> <p>(d) changes in the types of the drugs in part (I).</p> <p>(2) The RCHE is required to complete the drug delivery record, which should be signed by the resident and his/her guardian/guarantor/family member/relative for confirmation.</p>
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