



Release and Indemnification Agreement

PLEASE READ INFORMATION AND PROCEDURES

I hereby request Greystoke to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless Greystoke Homes & Support Services Inc. and any of their officers, staff, or agents from lawsuits, claims, expenses, demands, or actions, etc., against them for helping this person use medication, provided caregivers comply with the physician, parent or guardian directives. I have read and been informed about the content, requirements and procedures outlined on this form and in Greystoke Medication Administration Policy and assume responsibility as required.

Parent or Guardian to complete

NAME OF PERSON SERVED

I understand that as per Greystoke Medication Administration Policy, training on the administration of medication is completed by an R.N. of Greystoke for all staff expected to administer medication. When it is necessary, and in compliance with policy, Greystoke caregivers are permitted to administer oral medications under the direction of his/her Greystoke Supervisor. Medications must be purchased by and administered only with prior consent from the appropriate guardian. Injectable medications are not administered except in specific emergency / crisis situations and only under the direct or indirect supervision of a regulated nurse or related health professional. A caregiver must first meet training requirements of an assigned/delegated task relative to individual care.

PARENT/GUARDIAN SIGNATURE

DATE

PRESCRIPTION NAME(S) as on bottle, blister pack or dosette (i.e., antibiotic, antiviral, etc.). If more than one medication is being taken, list sequence in which medications are to be taken:

DATE(S) TO BE ADMINISTERED

TIME(S) OR INTERVAL BETWEEN TIMES TO BE GIVEN

DOSAGE (S) TO BE ADMINISTERED

LAST TIME GIVEN

OVER-THE-COUNTER MEDICATIONS (for relief of symptoms for headache, muscle ache, orthodontic pain, cold and flu, or menstrual cramps, etc.). An over-the-counter medication must be in the original container with the name of the medication visible. If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.