

## OVER THE COUNTER MEDICATION (OTC) FORM

Please list the over the counter medications that can be given to the consumer.

**NOTE:** The Respite Care Worker has to follow the directions on the package *exactly* as written.

<u>Medication</u>	<u>Amount</u>	<u>How often</u>

Family's Signature \_\_\_\_\_ Date: \_\_\_\_\_

During my shift I dispensed the following:

<u>Medication</u>	<u>Amount</u>	<u>How often</u>

Care Providers Signature \_\_\_\_\_ Date: \_\_\_\_\_