



Contract for Self Administration of Medication

Name of Young Person:	D.O.B.:
Address:	
Risk Assessment carried out: <input type="radio"/> Yes <input type="radio"/> No	Date:
<ul style="list-style-type: none">• I agree to self/administer medication prescribed for me by my own Doctor.• I will take responsibility to safeguard the medication in my own room at all times• I will not leave any medication in inappropriate places that allows access to it by any other young person in the home.• I agree to return to staff any medication, part used or obsolete for safe disposal. <p>Some medication will have specific storage requirements, for example: Medication that requires being stored to a certain temperature. Arrangements will be made by staff and through consultation with the pharmacist to accommodate such requirements and in line with Health and Safety procedures within the home.</p>	
Signature of Young Person:	Date:
Signature of Registered House Manager:	Date: