



Med Addition/Change Notification Form

This form serves as official notice regarding a requested or recommended addition/change in med procedure for residents of Hope Harbor. Signature of this form by parents and staff indicates agreement to change by both parties.

- All supplements, vitamins, over the counter medications, sprays, etc must have written documentation.
- All prescription med changes must also include orders from the doctor; please note if these orders have been sent to the pharmacy already.
- Form must be completed for every change in script or PRN meds, supplements, etc each time a different med or dosing occurs. Dosing will not be passed until form is completed.

Resident Name _____ **Date** _____

Medication _____ **Use** _____

Has teen used this med before? _____ Is this a change in dosing? _____

Dose _____ Date to begin change: _____

Reason for change _____ Doctor's orders included? _____

Other Instructions: _____

Medication _____ **Use** _____

Has teen used this med before? _____ Is this a change in dosing? _____

Dose _____ Date to begin change: _____

Reason for change _____ Doctor's orders included? _____

Other Instructions: _____

Medication _____ **Use** _____

Has teen used this med before? _____ Is this a change in dosing? _____

Dose _____ Date to begin change: _____

Reason for change _____ Doctor's orders included? _____

Other Instructions: _____

Parent Signature _____

Staff Signature _____