

Client Name:		Destiny Management Authorization To Self Medicate
Record #:	DOB:	

Notes:

1. Authorization to be obtained from the client's physician annually.
2. Client may self-medicate **only** upon the written authorization of their physician.
3. Staff must monitor client and initial the MAR noting the observation of the client self administering medications.
4. The client's medications must be kept in a locked container/ closet etc....

_____ is:
Client Name

- A. capable of self-administering his/her own medications, including prescription and non-prescription medications, and
- B. capable of keeping those medications in his/her own possession.

Check One of the Following:

- Individual may self-medicate.
- Individual may self medicate at the Day Activity Program only.

Physician's Signature/Licensure, Degree

Date