

## Medication Information

Name of Person: .....

Date of Arrival: .....

Please supply all medication in the original container as supplied by the pharmacist with the original instructions from the GP. We cannot accept ANY Medication that has not been prescribed by your General Practitioner or other authorised health care professional. This includes; Paracetamol, Ibuprofen, All Herbal Remedies, All Creams and Lotions which can be purchased over the counter.

### Example

Name of Drug	Strength	Dose and Time of Administration
e.g. Epilim	• 200 mg tablet	2 at 8.00 a.m.

Please list below all prescribed medicines which your relative is currently receiving.

Name of Drug	Strength	Dose and Time of Administration



*The information provided is subject to the Data Protection Act (1998). Information may be shared with other Council Departments and External Agencies for stated purpose of maintaining your care needs.*

Name of Drug	Strength	Dose and Time of Administration

This information in relation to medication is, to the best of my knowledge, accurate and the drugs listed should be administered during the stay with Short Breaks.

**Signature:** ..... **Date:** .....