

Agreement for the Dispensing of Medications

As a participant in Project Rescue, Inc., (PRI) an addiction/recovery program, I understand that the abuse of medications, whether prescription or over-the-counter, can be problematic. While I am a participant at PRI, I may be regularly or intermittently taking doses of medications prescribed by my physician. These medications may be by prescription or over-the-counter. I understand that there is always a risk that I or those around me have the potential for the abuse of medications. Therefore I consent to and acknowledge the need for program staff to keep possession of my prescription and over-the-counter containers of medications while I am a participant. I hereby authorize PRI, and its staff, agents, volunteers and employees to dispense my medications to me as directed by my physician.

Upon arrival into the program, I understand that it is my responsibility to provide the names of all medications I have taken (whether legally prescribed to me or not). I must also give any medications I have directly to program staff with full instructions in original prescription or over-the-counter bottles. Any prohibited prescription medications as described in paragraph four will not remain on PRI property and must be sent home or immediately destroyed. All acceptable medications will be stored and secured at the program site and will only be available to authorized program staff. PRI staff responsible for dispensing medication will strictly follow all written instructions on the original prescription container labels. I understand that it is my responsibility to inform PRI staff if any medication changes are made by my physician. Prescriptions will only be dispensed as written on the label, until authorization by the prescribing physician for a change in dosage is obtained. If I do not take the medications as dispensed, I will not stockpile or keep my medications, but will return or decline them in order to prevent those around me from the temptation of taking my medications.

I understand that I am not allowed to call a doctor or go to a doctor's appointment without permission. In any medical appointment I may have, I will communicate with my doctor regarding my participation in a drug/alcohol rehabilitation program. Any new prescription medications that I may obtain while I am a participant in PRI must be authorized and picked up by staff members. I am not allowed to pick up my own prescriptions, or have a paper copy of my prescriptions. All prescriptions should be called in by the doctor's office to the Pill Box Pharmacy in Priceville. Unless pharmacy hours are prohibitive, prescriptions will be provided to me within the same day that they are obtained. Access to allowed medications will not be denied to me unless I ask for more than the allotted amount of medication due in a given period of time. If a prescription is somehow obtained that is not allowed on the PRI property, it will be denied and destroyed because it has been picked up inadvertently, against program protocol. To prevent this, I realize that it is my responsibility to tell my doctor that I cannot have any medications with high abuse potential, to prevent the inadvertent pick up and expense of a medication to which I will not be given access. Some medications such as blood pressure, cholesterol, antibiotics, and other medications may be reviewed by staff and in some cases, allowed to be kept by the participant. All prescription bottles should be kept in a drawer or inconspicuous area, out of sight for the protection of other members. The participant that is allowed to hold his own medication must notify PRI staff of refill needs within at least 3-4 days before running out of the medication, so that refills can be obtained in a timely manner.

Certain prescription medications are widely recognized to have high abuse potential, and therefore will not be allowed on PRI property. These medications include, but are not limited to amphetamines, anxiolytics, benzodiazepines, cough medications with codeine, opiates (including suboxone), GABA analogues (like gabapentin/neurontin), muscle relaxants and tranquilizers. I understand that if I am found to have any of these drugs in my possession it will be considered a relapse. I also understand that if I have surgery, a procedure, an injury, or any situation in which I may need to take any of these drugs, I will go home to a trustworthy caretaker who will provide my medications to me in the manner in which they are prescribed, after which time I will be able to return to PRI.

I recognize and acknowledge that there are certain risks of physical injury related to the administering of medications. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects or interactions, failing to assess and/or recognize an adverse reaction, and failing to assess and/or recognize a medical emergency. In consideration of administering medication, I do hereby fully release or discharge Project Rescue, Inc., and its staff, agents, volunteers and employees from any and all claims from injuries, damages and losses I may have and arising out of, connected with, incidental to, or in any way associated with the provision of medications.

Printed Name _____

I agree to this **Agreement for the Dispensing of Medications** as written:

Signature _____

Witness _____ Date _____

As a concerned family member, and/or friend or representative of the participant in Project Rescue, Inc., I understand and consent to the *Agreement for the Dispensing of Medications* as it applies to the participant. I also understand that any prescriptions or medications that I provide to the participant will be given to, picked up by, or sent to the staff, representative, or volunteers for Project Rescue, Inc., rather than the program member himself. I also agree to inform Project Rescue and its staff of any and all medications that the participant has been or will be taking, to the best of my knowledge.

While the participant is a member of Project Rescue, Inc., I will communicate with the staff about any changes to the medication regimen of which I become aware. Because my desire is for the participant to succeed in this program, I understand the aforementioned *Agreement for the Dispensing of Medications* is for the protection of the participant. This agreement is also for the protection of all program members, as well as Project Rescue, Inc. itself and its staff and volunteers.

Family member/representative printed name _____

Signature _____