



GENERATIONS CENTRAL ADULT DAY CENTER

Med Pass Form

Does your loved one need to take medication while they are at the center?

The center is required to follow State Guidelines to administer medicine.

Requirements

1. All medication shall be in the original container with the prescription label.
2. All medication shall have a direction label attached and legible.
3. Sample medications should stay in their original packaging and be labeled by a doctor or pharmacist.
4. Physicians must fill out the Medication Order Form provided by the Center, including:
 - Participant's name
 - Medication name
 - Strength and dosage amount
 - Route of administration
 - Frequency of administration

This ensures that all necessary information is clear and helps prevent any medication errors

MEDICATION ORDER FORM

Patient: _____

DOB: _____

- Medication: _____
Dosage: _____
Route: _____
How Often: _____
Diagnosis/Reason: _____

- If Medication is PRN (as needed)

1. Symptoms that will indicate the use of the medication:

2. Time frames the medication is to be given within a 24hr period:

3. Directions for use if symptoms persist:

- Provider Comment(s): _____

- **Provider Signature/Date:** _____