

# Medication Management Agreement

Date: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_

**Dear [Resident Name],**

Welcome to [Retirement Community Name]. We are committed to providing you with exceptional care and support during your residency with us. This Medication Management Agreement outlines our shared responsibilities regarding your medication management.

## **Agreement Terms:**

1. **Medication List:** You agree to provide a complete list of all medications you are currently taking, including prescriptions, over-the-counter medications, and supplements.
2. **Management Responsibilities:** Our staff will assist you in managing your medications, including medication reminders and administration, as needed.
3. **Refills and Renewals:** It is your responsibility to notify staff in advance when medication refills or renewals are needed.
4. **Emergency Protocol:** In case of medication-related emergencies, staff will follow established protocols for your safety and well-being.
5. **Communication:** You agree to communicate any side effects or concerns regarding your medications to the staff promptly.

By signing below, you acknowledge that you have read and understood the terms of this Medication Management Agreement. This agreement will remain in effect throughout your residency at [Retirement Community Name].

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for choosing [Retirement Community Name].**

Sincerely,

The Management Team