

A NEW LEAF, INC.
Medication Release Form



I give permission for A New Leaf, Inc. to assist _____
in self-administration of physician ordered medications and certain over the counter
medications.

It is the policy of A New Leaf, Inc. to train participants to be independent and self-
sufficient in the administration of their own medications.

All prescription medications that the participant is taking must have the following
information provided on it from the pharmacy: participant name, dosage, times taken
per day, and physician's name. Any over the counter medications must be in their
original packaging and must be accompanied by a note from the guardian giving
permission and directions.

Please Print:

Current Prescribed Medications:

Non-Prescription Medications:

Participant Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

A New Leaf Representative: _____ Date: _____