



**Moye's Long Term Care
Non-Child Resistant Waiver**

Resident's Name: _____

I have requested that my medications and all subsequent prescriptions be packaged in a non-child resistant package. I understand these packages are not child resistant and I will ensure the medications &/or packages will be kept out of reach of children.

If a child accidentally consumes any prescription drug, I will immediately notify poison control, the child's pediatrician, &/or emergency medical system.

I understand that I have the right to request at any time for my medications to be packaged in a traditional child-resistant container by notifying the pharmacist at (770) 507-1559.

Resident's Signature

Date

Resident's Responsible Person's Signature

Date

Moye's Employee's Signature

Date