Canada Drugs®

Consent to Receipt of Medications in Non-Child Resistant Containers

I hereby request that all medications provided to me shall be delivered and received in a non-child-resistant container. I am not able to use child resistant containers because:

_____

_____

_____

_____

Patient Name (Print): _____

Signature: _____

Dated: _____

Optional: ***(If Power of Attorney has been granted then please fill out the following information)***

Power of Attorney Name (Print): _____

Signature: _____