



To comply with applicable pharmacy regulations, your written consent is required for our contracted and licensed pharmacies to use non-child resistant containers for your medications. In order to receive non-child resistant containers you need to complete this form and return it to us. Until this form is received, you will continue to receive your medications in child resistant containers.

CONSENT TO RECEIVE MEDICATIONS IN NON-CHILD RESISTANT CONTAINERS

I hereby request that all medications provided to me be packaged in non-child resistant containers.

Patient Name: _____

or

Power of Attorney (if Granted): _____

Signature: _____

Dated: _____

Please return via

Fax: 1-833-495-5107

or

Email: info@yourcanadadrugstore.com

or

Mail:

PO Box 48066 Lakewood PO
Winnipeg, MB R2J 4A3
Canada