



RX-010
Rev. 1/13

**USE OF DIETARY SUPPLEMENT(S)
NOT ON THE CHOP FORMULARY
WAIVER AND RELEASE**

LAST NAME

FIRST NAME

MR#

DOB

PLACE PATIENT LABEL HERE OR COMPLETE ABOVE

DO NOT HANDWRITE PATIENT INFORMATION HERE

At The Children's Hospital of Philadelphia (the "Hospital"), the use of dietary supplements not on the CHOP Formulary (the list of medications the hospital has approved for use) are discouraged during hospitalization based on the following assumptions:

1. A number of patients are using one or more dietary supplements as outpatients to treat a variety of conditions. Some of these agents can have serious adverse effects and most have not been studied sufficiently to determine their effectiveness, safety or their interactions with other medications.
2. The FDA does not oversee the manufacturing of most dietary supplements as they are considered food and nutrition supplements rather than medications. In the absence of reliable controls over labeling and manufacturing, it is not possible to guarantee that product content is accurate or safe.
3. Temporarily stopping these agents is unlikely to adversely affect the long-term outcome of any underlying chronic condition.
4. Use of an agent for which there is no reliable data on toxicity and drug interactions makes it impossible to adequately monitor the patient's acute condition or safely administer medications.

Listed below are the dietary supplements that your child was taking before admission to the hospital and that you wish to continue during this hospitalization. The Hospital is not willing to provide this product due to the lack of information available to support the quality, safety, and effectiveness of use.

You have been advised by your physician of the risks and/or potential risks associated with the continued use of the dietary supplement(s) above which include contamination, mislabeling, or that the supplement contents are not accurately reflected by the label, resulting in potential unforeseen adverse effects. Other concerns with the product[s] you would like your child to receive include the following:

_____.

By signing this release and waiver you agree to be responsible for providing the product, giving it to your child, and advising the nursing staff immediately after you have administered it.

You further agree on the behalf of yourself/or as the patient representative of the patient(s) named below, as well as your agents and assigns, to waive, release and forever discharge The Children's Hospital of Philadelphia, its affiliates, its agents and employees, including your physicians, pharmacists, and nurses, for any harm, injuries, or damages whatsoever, which are directly or indirectly related to the use of your dietary supplements, including but not limited to physical, mental, and emotional harm and/or distress.

Signature of Parent/Guardian Obtaining Waiver

Printed Name

Date / Time

Attending Physician Signature

Printed Name

and/or Contact Number

Date / Time