

MEDICATION RELEASE FORM FOR RESIDENT LEAVE OF ABSENCE

Facility Name: _____

Resident: _____ Room #: _____

Date of Departure: _____ Date of Return: _____

_____ Day(s) Supply of the Following Medication(s) Provided:

	<u>Medication</u>	<u>Strength</u>	<u>Directions & Cautionary Information*</u> <small><i>*provide Cautionary Info if not on label</i></small>	<u>Quantity upon leaving</u>	<u>Quantity upon return</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Verbal instructions from staff to resident or person accompanying resident to include the following:

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Review above information for each medication. 2. Read all directions carefully. 3. Give each dose exactly as ordered by 4. Store all medications away from children. | <ol style="list-style-type: none"> 5. Staff/Resident/Person accompanying resident check to ensure sufficient 6. Discuss facility policy and procedure for return of unused 7. Other - |
|--|--|

Staff Signature*: _____

Date: _____

Staff Printed Name:

**Signature of staff person who released medications and provided verbal instructions above.*

Receipt Acknowledgement:

I have been instructed in the proper usage, dosage, frequency and reason for each medication provided. I accept responsibility for the medication and will assure that it is properly stored and that it is properly administered. I understand that in the event that the drugs are accepted in non-child proof containers, I hereby release the facility named above and the pharmacy from responsibility.

Signature of Resident or Person

Accompanying Resident:

Date:

(Relationship)

Medications Returned (Quantity returned documented above.)

Date and Time:

Staff Signature:

Signature of Resident or Person

Accompanying Resident: