



MEDICATION RECEIPT, TRANSFER & DISPOSITION (Discharge) FORM

Please complete this form when a youth is discharged from a facility or transported to another facility. Medications must be in the original pharmacy container. The Youth's Name, Medication Name and Dosage must be legible on the label. There can be no changes written on the label. Any medication brought into the facility that is not in the original container cannot be accepted.

Name of Youth

Youth's Name: DJJID# DOB: Allergies:

Youth Originating From

(Facility name) Phone #:

Destination of Youth

(Home/Facility name) Phone #:

Name of Medication	Strength	Quantity	Date/time last taken (if known)	Count Verified	Verified By: Staff printed name	Date Verified	Name of Witness
				Yes No			
				Yes No			
				Yes No			
				Yes No			
				Yes No			
				Yes No			
				Yes No			

Chain of Custody for Medication This section to be used for inner agency transports only

Date	Time	Staff Name/Title Delivering Meds	Staff Name/Title Receiving Meds

DISCHARGE MEDICATIONS RECEIPT SECTION :

Printed Name/Title of DJJ Staff Releasing Medications: Date/Time: Facility Contact #:

Printed Name/Title of Person Accepting Medication(s): DJJ Staff Parent/Guardian Youth, if 18, or DCF

Signature of Person Receiving Medications: Date:

FOR THE PURPOSE OF RELEASE: I understand that these medications are not in a child-proof, safety container, and I agree to accept these medications without a child-proof, safety container. I understand that if I do not agree to accept these medications without a child-proof, safety container, the DJJ representative is not authorized to provide me with any medications. In consideration of agreeing to accept these medications in a non-child-proof, non-safety container, I assume full and complete responsibility for the use and storage of medications from this date forward.

Additional Information: