Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-0813
Medication Transfer

Please use this form when medication is sent with a child/youth to a new placement or to home.

1. Fill in the child's name, date of birth and the date the form is completed.

2. List the names of the medications and dosages being released, instructions on how and when they should be taken, the number of pills or number of bottles for liquids, or number of tubes for creams/ointments being sent.

3. Fill in the name of the person who collected and counted the medications.

4. If the medication is sealed in a container or envelope, two people must witness and sign their names by signature #1 and #2 lines. If the medication is not sealed, check the box.

5. In the next box, the person releasing the medication signs and dates the form.
   Then the transporting person (if applicable) signs and dates the form.
   Finally the person receiving the medication signs and dates the form.
   The signatures mean the medication(s) and count(s) are correct.

6. If there are discrepancies in the medication count, the FSW, Regional Administrator or designee, YDC superintendent or designee (if appropriate),and the sending staff/facility must be notified immediately.

7. The FSW or a staff member from the sending placement fills in their name and telephone number in case there are questions or discrepancies.

8. The new placement should keep a copy of the form and a duplicate copy should be returned to the sending facility or FSW.