Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-0836
Medication for Pass

Please return this form with the child/youth when returning from pass.

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 for the pass.

4. 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 signature(s) mean the medication(s) and count(s) are correct.

5. If there are discrepancies in the medication count, the FSW or sending staff/facility must be notified immediately.

6. The person preparing the medication fills in the name of the medication and the dates and times it is to be taken in the bottom box. That person also fills in a contact name and telephone number at the bottom of the form in case the pass/transfer caregiver has questions.

7. The pass/transfer caregiver initials the corresponding box when the medication is administered or distributed.

8. The form is to be returned after the pass and kept in the child/youth's case file.