

**Medication Transfer**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

The following medications are being sent with this child/youth to a new placement:

Medication and Dosage:	Instruction:	Count:	# Refills
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medications collected/counted by: \_\_\_\_\_

Medication has been sealed by: \_\_\_\_\_

Signature #1 \_\_\_\_\_ Signature #2 \_\_\_\_\_

Medication has not been sealed ☐**By signing below you are agreeing that all medications and counts are accurate as listed**

Signature of Person releasing medications \_\_\_\_\_ Date \_\_\_\_\_

Signature of Transport Person \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person or Parent/Guardian receiving medication \_\_\_\_\_ Date \_\_\_\_\_

**Medication has been sealed by medical staff and is being released to parent/guardian. By signing below you are agreeing that you are receiving sealed medications**

Signature of parent/guardian receiving sealed medication \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Some medication may not be in "child proof" containers. Please keep all medications out of the reach of children.

Youth released from a *Youth Development Center* may receive a one month supply of prescription medication sent directly from the pharmacy via UPS. Please check the medication you receive to make sure the type of medication and the dose is correct. Report any errors directly to the pharmacy.

In case of questions, please contact:

\_\_\_\_\_  
Sending Staff/Facility/FSW\_\_\_\_\_  
Phone