



Name: _____ Date of Birth: _____ ID#: _____

Placement: _____

Date: _____

Medication Name: _____ Dose: _____

Pharmacy and Rx#: _____

Amount: _____

Reason: _____

Means: _____

Staff signature: _____ Date: _____

Print Name: _____

Witness signature: _____ Date: _____

Print Name: _____

DO NOT FLUSH MEDICATION DOWN THE SINK OR TOILET

Inhalers are disposed of carefully as they can be dangerous if punctured and they can explode when compacted or heated too much (like sitting in a trash can for a few hours) or exposed to fire. Most inhalers are considered hazardous waste and the easiest way to safely dispose of them is taking them to your local pharmacy.

Tennessee Bureau of Investigation Dangerous Drugs Task Force
Tennessee pill take back locations: <https://www.tn.gov/tddtf/ptblocations.html>

Department of Environment and Conservation
Unwanted pharmaceuticals take back map: <https://tdeonline.tn.gov/rxtakeback/>

Dispose of medication in the trash:
Remove medication from the original container and mix them with an unpalatable substance such as kitty litter, used coffee grounds, or dirt.
Place the mixture in a sealed plastic bag or closed container to prevent the drug from leaking or spilling out.
Throw the container in the outside trash.

Scratch out all personal information on the prescription label of the pill bottle or packaging to make it unreadable. Dispose of the container in the trash.



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution:

CS-4279

Rev: 12/24



Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-4279
Medication Disposal Record for Transition Houses

1. Fill in the child's name, date of birth, ID number, and the name of the transition house.
2. Fill in the date the medication to be disposed.
3. Fill in the full name of the medication and dose as listed on the pharmacy label.
4. Fill in the name of the pharmacy and the prescription number from the pharmacy label.
5. Fill in the amount of medication or number of pills being disposed.
6. List the reason the medication is being disposed.
7. List how the medication is being disposed.
8. Staff disposing of medication signs the form and prints name.
9. Other staff/witness to the disposal signs the form and prints name.
10. The Medication Disposal form is uploaded to the child's case file.