

Medication Transfer Sheet/Release of Responsibility

Name of Facility: _____

Name of Resident: _____

Date of Release: _____

Expected Date of Return: _____

Name of Medication	Pass Time	RX Number	Strength	# of Meds Released	# of Meds Returned

Transferring medications for home visits, outings, etc. Taken from Community Care Licensing technical support program medications.

- When a consumer/resident leaves a facility for a short period of time during which only one dose of medication(s) is/are needed, the facility may give consumer/resident medications to a responsible person/authorized representative in an envelope (or similar container) labeled with the facility's name and address, consumer/resident's name, name of medication(s), and instructions for administering the dose.
- If consumer/resident is to be gone for more than one dosage period, the facility may:
 - a. Give the full prescription contained to the consumer/resident, or responsible person/authorized representative.
 - OR
 - b. Have the pharmacy fill a separate prescription or separate the existing prescription into two bottles.
 - OR
 - c. Have the consumer's/resident's family obtain a separate supply of the medication for use when the consumer/resident visits with the family.

The resident, and/or responsible party assumes responsibility for the resident and for assuring that all medication (if any) are taken appropriately, during the time the resident is signed out of the facility. The facility is not responsible for any accidents, illnesses or injury during this time. My signature indicates that I have received the above listed medications, and have been instructed in their use. I also agree to return any unused medications when the visit is concluded.

Signature of staff releasing medications: _____

Received by: _____ Date: _____ Time: _____

Signature of person returning unused medications: _____

Staff signature of count on return: _____ Date: _____ Time: _____