

## Off-site Custody of Medications

I, \_\_\_\_\_ acknowledge that the following medications are in  
*Responsible person*  
 my custody for \_\_\_\_\_.  
*Client*

Staff have instructed me regarding administration, times to be given, and the purpose for each medication. I acknowledge that I am responsible for any medication errors while the medication is in my custody.

\_\_\_\_\_  
*Signature of Person Accepting Medications* *Date*

\_\_\_\_\_  
*Signature of Two (2) Staff Releasing Medications* *Date*

\_\_\_\_\_  
*Signature of Two (2) Staff Receiving Medications* *Date*

<b>Rx #</b>	<b>Physician</b>	<b>Name of Drug and Dose</b>	<b>Administration times</b>	<b>Purpose of Drug</b>	<b>Quantity Released</b>	<b>Quantity Returned</b>