



Medication Release

Resident Name: _____ **Date:** _____

I, _____ have received the following medications.

List of Medication and Instructions:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The resident will be gone from facility: _____ am/pm _____ am/pm
Date/Time Date/Time

It is my responsibility to see that resident gets his/her medications as directed.

Signature of Responsible Party

Date _____

Signature of Facility Administrator or Designee

Date _____