

# Operating Form

Canada & Bermuda Territory



Giving  
Hope  
Today

<b>Form</b>	Client Medication Agreement - Intake		
<b>Policy</b>	Medication Safe Storage	<b>OP Number</b>	PS 03.002

## Intake Process

I, Joseph Sample (print client name) am bringing the following prescription and non-prescription medication for storage at The Salvation Army ABC Shelter (Ministry Unit name) during my participation in their program.

Name of Medication	Quantity	Notes	Staff Initials
Amaxil 500mg	20		PS
Metformin 500mg	60		PS

I understand that I am responsible for the self-administration of this medication and that The Salvation Army staff will not administer this medication to me.

Client:	<u>Joseph R Sample</u>	<u>J Sample</u>	<u>31-08-2020</u>
	(Print) First Initial Last	Signature	dd-mm-yyyy
Staff:	<u>Peter D Staff</u>	<u>P Staff</u>	<u>31-08-2020</u>
	(Print) First Initial Last	Signature	dd-mm-yyyy

### Approved by:

TERRITORIAL MANAGEMENT BOARD  
Canada and Bermuda Territory

Only the electronic version of this OP form is official and current.

Document Control Information			
<b>Category</b>	Program Services: Community & Social Services		
<b>Office of Oversight</b>	Social Services		
<b>Approved Date</b>	<dd-MMM-yyyy>	<b>Next Review Date</b>	<dd-MMM-yyyy>
Document History			
<b>Version</b>	<b>Date Revised</b>	<b>Summary of Changes</b>	
V-01	New		