


Operating Form Canada & Bermuda Territory			 Giving Hope Today
Form	Client Medication Agreement - Discharge		
Policy	Medication Safe Storage	OP Number	PS 03.002

Discharge Process

I, Joseph Sample (print client name) have received the following prescription and non-prescription medication at my discharge from The Salvation Army ABC Shelter (Ministry Unit name) program.

Name of Medication	Quantity	Notes	Staff Initials
Amoxil 500mg	0	Medication Completed During Stay	PS
Metformin 500mg	30		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> (Print) First Initial Last	<u>J Sample</u> Signature	<u>30-09-2020</u> dd-mm-yyyy
Staff:	<u>Peter D Staff</u> (Print) First Initial Last	<u>P Staff</u> Signature	<u>30-09-2020</u> dd-mm-yyyy

Approved by:

TERRITORIAL MANAGEMENT BOARD
Canada and Bermuda Territory

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

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