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| Operating FormCanada & Bermuda Territory | **N:\A - Personal\Locker\Personal\Pictures\Graphics\SA\Shield & Crest\SA_GivingHopeToday_red_hor_lrg_rev_black.jpg** |
| Form | Client Medication Agreement - Discharge |
| Policy | Medication Safe Storage | OP Number | PS 03.002 |

# Discharge Process

I, (print client name) have received the following prescription and non-prescription medication at my discharge from The Salvation Army

 (Ministry Unit name) program.

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| --- | --- | --- | --- |
| **Name of Medication** | **Quantity** | **Notes** | **Staff****Initials** |
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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: |  |  |  |
| *(Print) First Initial Last* | *Signature* | *dd-mm-yyyy* |
| Staff: |  |  |  |
| *(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.**

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