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| Operating Form  Canada & 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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.**

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