



**Department of Health and Social Services  
Division of Developmental Disabilities Services  
Community Services**

**LEAVE/VACATION MEDICATION FORM**

Name: \_\_\_\_\_ MCI #: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Expected Date of Return: \_\_\_\_\_

Destination: \_\_\_\_\_

Traveling alone? (If no, specify with whom) \_\_\_\_\_

**MEDICATIONS:** For each medication and strength specify exactly as on the prescription label.

<u>Name of Medication</u>	<u>Strength</u>	<u># of Pills Sent</u>	<u># of Pills Ret.</u>

<u>Name of Medication</u>	<u>Strength</u>	<u># of Pills Sent</u>	<u># of Pills Ret.</u>

Special medication instructions/comment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Staff who Prepared Medication of Leave & Date*

\_\_\_\_\_  
*Signature of Staff who Counted the Medication Upon Return & Date*

To whom are medications entrusted? \_\_\_\_\_  
Name/Relationship

I have received the medications listed above and have no questions regarding their administration. I understand that I may call the agency staff if any further questions arise.

\_\_\_\_\_  
Signature of Person Entrusted with Medication/Date

\_\_\_\_\_  
Signature of Agency Staff Transferring Medication/Date

## **Instructions for use of Leave/Vacation Medication Form**

**When to be Completed:** Every time a person is expected to receive his/her medication from a person other than a residential or day program staff who have successfully completed LLAM training (example: a person leaves the home for a vacation, respite or a visit with his/her family).

### **Instructions for Completion of Form Prior to Individual's Departure:**

1. Staff person (this includes agency contracted staff and shared living provider) completes the top section of the form.
2. Staff person (this includes agency contracted staff and shared living provider) completes the first three (3) columns of the table.
3. Staff person (this includes agency contracted staff and shared living provider) completes the section re: special medication instructions/comments, if applicable.
4. Staff person (this includes agency contracted staff and shared living provider) signs on the line that states "staff who prepared medication for leave".
5. Staff person (this includes agency contracted staff and shared living provider) writes the name and relationship of the person to whom the medication is being transferred on the line that states "to whom are medications entrusted".
6. Staff person (this includes agency contracted staff and shared living provider) reviews the medication and the information on the Leave/Vacation Medication Form with the receiving person.
7. The person receiving the medication signs and dates on the bottom line of the form attesting to his/her receipt and understanding of the medications.

### **Instructions for Completion of Form Upon Individual's Return:**

1. Staff person (this includes agency contracted staff and shared living provider) counts the number of pills returned and documents in Column 4 of the table and signs the form on the indicated line. It is preferable that this be done in the presence of the person to whom the medications were entrusted.

### **Where to File Completed Form:**

1. Provider agency staff shall file the completed form with the corresponding month's MARs.
2. Shared Living providers shall forward the form to the consultative nurse who will then forward to DDDS HIM.

**5/4/16**