

# Delaware Health and Social Services Division of Developmental Disabilities Services Community Services

# **LEAVE/VACATION MEDICATION FORM**

Jame: MCI #:								
Date of Departure:		_Expec	ted Dat	e of Re	eturn:			
Destination:								
Traveling alone? (If no, spe								
MEDICATIONS: For each	h medication	n and sti	renoth s	enecify	exactly as on the prescr	intion label		
Name of Medication	Strength	# of Pills Sent	# of Pills Ret.		Name of Medication	Strength	# of Pills Sent	# of Pills Ret.
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				-				
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Special medication instruct	cions/comme	ent:						
Signature of Staff who Prepo	ared Medicat	tion for l	Leave			Date		
To whom are medications entrus	sted?						_	
			ne/Relati	•				
I have received the medications agency staff if any further quest		nd have n	o questic	ons rega	rding their administration. I u	ınderstand that I	may call	the
Signature of Person Entrusted with Medication			Date	Signa	Signature of Agency Staff Transferring Medication Da			Date
	nted the Med	ication l	Unon Ra	oturn		te		

#### 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.
- 2. If there is a discrepancy with the number of doses of medications returned, notify a supervisor immediately and document in the Client Data Management System (CDMS).
- 3. Update the Controlled Substance Count Sheet (if applicable).

### 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.
- 3. If the residential setting uses the electronic medication administration record (eMAR)available in the client data management system (CDMS), this completed form shall be scanned and attached to the service recipient's Medication Review module.