

# MEDICATION DISPOSAL RECORD

Medications that are expired or discontinued by the resident's health care professional must be disposed of by the CFH provider within thirty (30) calendar days.

## RESIDENT INFORMATION

*The resident is the vulnerable adult living in the provider's CFH whose medication is being disposed.*

Full Legal Name:	Date of Birth:
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## DISPOSAL INFORMATION

Medication Name:	Dosage:
Amount Disposed:	
Reason for Disposal:	
<input type="checkbox"/> The medication was discontinued by the resident's health care professional. <input type="checkbox"/> The medication had passed its expiration date. <input type="checkbox"/> Other (please describe): _____	
Method of Disposal:	
Provider Signature:	Date of Disposal:
Adult Witness Signature: <i>(must not be a resident)</i> :	Date:

Medication Name:	Dosage:
Amount Disposed:	
Reason for Disposal:	
<input type="checkbox"/> The medication was discontinued by the resident's health care professional. <input type="checkbox"/> The medication had passed its expiration date. <input type="checkbox"/> Other (please describe): _____	
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