



**SIGNOUT SHEET FOR DISTRIBUTION OF MEDICATIONS**

\*Medication must be returned with the resident, counted and signed.

\_\_\_\_\_  
Resident's Name

\_\_\_\_\_  
Address

NAME OF MEDICATION	# OF DOSES LEAVING	# DOSES RETURNED
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		

\*\*Use another sheet if necessary to list all medications.

Instructions for medication administration given by employee to receiving person: \_\_\_Yes \_\_\_No

\_\_\_\_\_  
Person Receiving Medication Cards

\_\_\_\_\_  
Person Returning Medication Cards

\_\_\_\_\_  
Employee Giving Medication Cards

\_\_\_\_\_  
Employee Receiving Medication Cards

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Returned