



# Division of Juvenile Justice Services

## MEDICATION INVENTORY

### MEDICATION RECEIVED AT INTAKE

List the medication, type (pill, capsule, tube, cream, ointment, and/or suppository) and amount received at intake.

Medication #1 \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_  
Medication #2 \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_  
Medication #3 \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_  
Medication #4 \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_  
Medication #5 \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_

RECEIVING STAFF (Print & Sign): \_\_\_\_\_

### MEDICATION RELEASED

List the medication, type (Pill, Capsule, tube, cream, ointment, and/or suppository) and amount released.

Medication #1 \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_  
Medication #2 \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_  
Medication #3 \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_  
Medication #4 \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_  
Medication #5 \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_

### MEDICATION RELEASE SIGNATURES

Medications Released to (Print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Release Staff (Print/Sign): \_\_\_\_\_ / \_\_\_\_\_

### PROPERTY RELEASE SIGNATURES

The personal property listed on this form has been returned to my possession and is fully accounted for.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Property not claimed within 90 days from release shall be considered abandoned.)