[Insert organisation name/logo]

# MEDICATION DISPOSAL FORM

***Note\*****All client medication assistance templates should be reviewed by qualified medical personnel before finalising.*

*\*Please delete note before finalising this template.*

| **Date of disposal** | **Client ID** | **Medication name and strength**  | **Amount disposed** | **Reason for disposal**  | **Method of disposal** | **Responsible** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Staff name |  |
| Supervisor signature |  |
|  |  |  |  |  |  | Staff name |  |
| Supervisor Signature |  |
|  |  |  |  |  |  | Staff name |  |
| Supervisor Signature |  |
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| Supervisor signature: |  |
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| Supervisor signature: |  |