Alberta Health Services

Medication Sign-Out Sheet

for Supportive Living (Lodge) Medication Assistance Program (MAP)

Document when family or other person assumes responsibility for assisting the client with medication - **Check MAP Care Plan**

Date Out	Time Out	HCA Initial	Medications Provided:	Patient	Taken by	Date In	Time In	HCA Initial
			☐ Blister Pack(s)/Pouch(es) ____ ☐ Puffer(s) ____ ☐ Eye/Ear medication ☐ Other :					
			☐ Blister Pack(s)/Pouch(es) ____ ☐ Puffer(s) ____ ☐ Eye/Ear medication ☐ Other :					
			☐ Blister Pack(s)/Pouch(es) ____ ☐ Puffer(s) ____ ☐ Eye/Ear medication ☐ Other :					
			☐ Blister Pack(s)/Pouch(es) ____ ☐ Puffer(s) ____ ☐ Eye/Ear medication ☐ Other :					
			☐ Blister Pack(s)/Pouch(es) ____ ☐ Puffer(s) ____ ☐ Eye/Ear medication ☐ Other :					
			☐ Blister Pack(s)/Pouch(es) ____ ☐ Puffer(s) ____ ☐ Eye/Ear medication ☐ Other :					
			☐ Blister Pack(s)/Pouch(es) ____ ☐ Puffer(s) ____ ☐ Eye/Ear medication ☐ Other :					

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