



and the New Jersey Veterans Memorial Homes (VMH)

REQUEST FOR FURLOUGH (Leave/Pass) / TRIP MEDICATIONS

Resident's Name: _____ Unit/Room: _____

★Departure Date: _____ Approx. Time: _____ Return Date: _____ Approx. Time: _____

Furlough/Trip to: _____

★ Requests for medications must be submitted to the pharmacy at least 72 hours prior to departure.

Table with 5 columns: Medication Name, Dosage, Form, Directions for Use, QTY. and 12 rows for listing medications.

Signature of Ordering Physician _____

Date _____

Signature of Nurse Submitting Form _____

Date _____

Complete the Rest of this form for Furlough / Leave only (NOT for a VMH-Sponsored, one-day Activities Trip):

The Poison Prevention Packaging Act of 1970 requires that Prescriptions for home use be packaged in Safety Vials ("Child-Proof" Caps). If you do not want these furlough / pass medications to be dispensed in "Child-Proof" containers, please indicate this below: I DO NOT want these medications dispensed in "Child-Proof" Safety Containers:

Signature of Patient or Patient's Representative _____

Date _____

MEDICATION RELEASE STATEMENT

THE ABOVE LISTED MEDICATIONS HAVE BEEN RELEASED AND RECEIVED BY YOU ON A PHYSICIAN'S ORDER. I understand that Omnicare and the NJ Veterans Memorial Home, and/or their respective employees, will NOT BE RESPONSIBLE for any and all medication errors, loss or improper administration while the above-named medications are in my possession.

Signature of Person Receiving Medications and Relationship to Resident _____

Date _____

Signature of Nurse Releasing and Reviewing Administration of Medications _____

Date _____