## SENECA COUNTY YOUTH CENTER VERIFICATION OF MEDICATION

I CONFIRM THAT THE FOLLOWI	NG MEDICATION HAS BE	EEN PRES	SCRIBED		HYSICAN NA	 MF)
The container which I am giving the medication was purchased fro on the outside of the container and	m the pharmacy. The Me	dication in	iside this	abeled and i container is	is the original	container in which
I understand that the Seneca Couthat on certain occasions meds mais properly completed. I understand accurate. I also understand by sigmedication to my child/ward during	ay be given at noon. I und not the information required gning this form I am giving	lerstand the don this the Sened	nat no me form and	edications wi the informa	ill be administe ation that I ha	ered until this form ve on this form is
DOB://			(parent/guardian signature) (Date)			
[Youin Name <i>]</i>	[Youth Name]		(pareni/guardian signalure)			(Date)
* The SCYC employees receiving me Agency representative transporting a do not match a call will be placed to y	the youth when possible. If ve	erification is sy. Please	s not poss use the r	ible at time st everse side o	aff will count pil f this form as m	
1-Rx bottle containing	[ Drug name ]	w/	[ total ]	_ pills	(When take	
1-Rx bottle containing	[ Drug name ]				(when take	en)
Trix bottle containing	[ Drug name ]	**/	[ total ]	_ piii3	(when take	en)
1-Rx bottle containing		w/		_ pills		
45.1.11	[ Drug name ]	,	[ total ]	•	(when take	en)
1-Rx bottle containing	[ Drug name ]	W/	[ total ]	_ pills	(when take	
1-Rx bottle containing	[ Drug name ]	w/	[ lotal ]	_pills	(WHEH LAKE	:11)
1-IXX bottle containing	[ Drug name ]	vv/	[ total ]	_ piii3	(when take	en)
1-inhaler		1-inhale	r			
[ Drug name ]	(when taken)	· mmaro	•	[ Drug	name ]	(when taken)
List other medical equipme	nt or itams:					
List other medical equipme	in or nems.					
X[Officer / Deputy / Guardia	Ba	adge#		_		
[Officer / Deputy / Guardia	3 3 3 1					
X[SCYC staff signature]	In	itials		-		
[3010 Stati Signature]						
Date accepted:/20 Tim	ie accepted: a.m.	/ p.m.				