The Commonwealth of Massachusetts
County of Plymouth
Sheriff's Office
Plymouth County Correctional Facility

26 Long Pond Road
Plymouth, MA 02360
Telephone (508) 830-6200
Fax (508)830-6201
www.pcsdma.org

Joseph D. McDonald, Jr
Sheriff

Gerald C. Pudolsky
Special Sheriff

Health Services Unit

Medication Release Form

Patient Name: _____ PCCF ID #: _____

Date of Birth: _____ SSN (if required): _____

Medications prescribed to this individual were delivered upon discharge. The following lists the medication(s) delivered in hand to the: ☐ Responsible Party ☐ Inmate ☐ Other _____

Medication Name and Strength	Directions for Use	Prescription Number	Qty

The Responsible Party was given instructions regarding (check all that apply):

☐ Directions for Use
☐ Instructions for storage (Including keeping away from children)
☐ Person to contact in the event of problems with medications
☐ Other (Specify): _____

I have been instructed in the proper use of the medication(s) given to me, including how much and how often to give the medication and for what it is used. I accept responsibility for the proper storage and use of the medication(s). If the medication(s) have been dispensed in containers that are not child proof at my request, my signature below signifies such request.

Printed Name of Responsible Party Receiving Medication: _____

Signature of Responsible Party Receiving Medication: _____

Date: _____

To be completed by staff member.

☐ Medication(s) were delivered with full instructions to listed person
☐ Medications were returned to the pharmacy for proper disposal / destruction

Signature of Health Services Unit Representative: _____

Date: _____