



## **Medication Administration and Storage**

\_\_\_\_\_ I understand that all medications must be stored in a locked cabinet or box.

\_\_\_\_\_ I understand that all medications “for external use only” must be stored in a separate container from other medications *inside* the locked cabinet or box.

\_\_\_\_\_ I understand that all medications covered by Section II of the Texas controlled Substances Act must be kept in a separate container under double lock. (ex. Separate container in locked box in locked cabinet)

\_\_\_\_\_ I understand that all refrigerated medications must be stored in a separate locked container in the refrigerator.

\_\_\_\_\_ I understand that everyone who administers medication must sign the signature block on the back of the MAR sheet.

\_\_\_\_\_ I understand that ALL medication errors must be reported and an incident report completed within 24 hours.

\_\_\_\_\_ I understand that all medication labels must be updated by the pharmacy to match dosages on MAR sheet as needed.

\_\_\_\_\_  
**Foster Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Foster Parent Signature**

\_\_\_\_\_  
**Date**