

MEDICATION REMOVAL FORM
Fax to Risk Management
Phone: 754-321-1900 – Fax: 754-321- 2654

Location of Medications to be Removed

School: _____

FISH Number: _____

Contact Person: _____

Contact Person Phone Number: _____

	Type of Medication to be removed	Quantity
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

****Please indicate below if any medications being removed are in breakable containers. Should your location need packaging materials provided from Risk Management for transport through the pony, please indicate below:***

Principal or Designee Signature

Date

Risk Management

Date