

**MEDICATION REMOVAL FORM**  
**Fax to Risk Management**  
**Phone: 754-321-1900 – Fax: 754-321-1917**

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