North of England Commissioning Support Unit

Good Practice Guidance for Care Homes

Medication Leaving Care Home Tracker Sheet

List all medication leaving the care home. Note: Use Medication Disposal Sheet/Book for all medication that is being returned to pharmacy/waste contractor for destruction

Resident Name:		**Room Number:**		**Destination:**		**Date of leaving:**	

Medication	Strength	Form	Quantity

Signed out by:		**Handed to:**	