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| ***MEDICATION RETURNED TO PHARMACY***  j0344205  *Date: ………/………/……… Time:……………………am/pm*  *Name of young person: …………………………………………………*  *Reason for return…………………………………………………….....*  *Name of medication & strength: ………………………………………*  *Quantity:………………tablets/milligrams*  *Signature of staff: ………………………………………………………*  *Name of pharmacy: ……………………………………………………..*  *Signature of pharmacy: …………………………………………………* |