

**This form must be attached to the NZCF 56a and stored with the listed medication(s)
Medical In Confidence (when Completed)**

NZCF56

NZCF Medications Storage Record						
Name:			Activity:		NZCF 8 sighted	Y / N
Rank:					Activity Dates:	
Medicine Name	Purpose	Dosage / Frequency / Time	Staff Member receiving name	Total Number Received	Total Number Returned	
1						
2						
3						
4						
5						
6						
7						
Medicines allergic to (obtained from NZCF 8 section 7a):						
Any other notes/comments (e.g. Must be taken with food):						

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