# RELEASE MEDICATIONS WAIVER LOG

I voluntarily request that DOC Pharmacy package ALL of my prescriptions in non-special (non-safety/non-child resistant) containers. I understand and acknowledge that all drugs should be kept out of reach of children and that misuse of the prescription, by me or others, can cause serious side effects, injury or death.

I assume all responsibility for the use of the non-special (non-safety/non-child resistant) containers.

| DATE | PATIENT'S PRINTED NAME AND SIGNATURE | STAFF INITIALS |
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