



# The McShin Foundation

*The leader in recovery support services*

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## MC SHIN MEDICATION CONTRACT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

This contract is between \_\_\_\_\_ and The McShin Foundation.

I, \_\_\_\_\_, give The McShin Foundation authorization to keep my medication locked up in a secure environment. I will access my medication as prescribed. I understand this is necessary to prevent me from abusing medication as well as to prevent anyone from stealing my medication. When I complete my necessary doses and there may be unused doses, it is my responsibility to dispose of unused medication. If for any reason I leave unused doses at McShin, I give McShin authority to properly dispose of unused doses.

Client:

Date:

\_\_\_\_\_

McShin Staff:

Date:

\_\_\_\_\_