



CNYEMS MEDICATION SIGNATURES



MEDICATION ADMINISTRATION SIGNATURES

DATE	AGENCY NAME:	PRID#:
PATIENT'S NAME:	RECEIVING HOSPITAL:	RECEIVING HOSPITAL ID:
CONTROLLED SUBSTANCE MEDICATION ADMINISTERED:	DOSE:	ROUTE:

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NON-STANDING ORDER MEDICATION:	CHECK BOX:	
PROTOCOL DEVIATION:	CHECK BOX:	
TERMINATION OF RESUSCITATION:	CHECK BOX:	
MEDICAL CONTROL FACILITY:	ON-LINE MEDICAL CONTROL PHYSICIAN: PRINT NAME	

ON-LINE MEDICAL CONTROL PHYSICIAN SIGNATURE:
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MEDICAL CONTROL FACILITY:	SIGNATURE:	AEMT CERT NUMBER:
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MEDICATION WASTED SIGNATURES

CONTROLLED SUBSTANCE MEDICATION WASTED:	QUANTITY WASTED:
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MEDICATION WASTED WITNESS: PLEASE PRINT	LICENSE#:	SIGNATURE:
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NOTE: NON-STANDING ORDER MEDICATIONS, PROTOCOL DEVIATIONS and TERMINATION OF RESUSCITATION REQUIRE A PHYSICIAN SIGNATURE.