Donation Program

go to waste!

Wyoming Medication Donation Program

Wyoming Department of Health, Office of Healthcare Financing 2508 E. Fox Farm Road, Suite 2A Cheyenne, WY 82007 Ph: (307)-635-1297 OR (855)-257-5041



Donor Record

Completion of this form is pursuant to the Drug Donation Program Act, Wyoming House of Representatives Bill No. 0194 and the Wyoming Administrative Procedures Act. Questions about completion of this form may be directed to 307-635-1297.

Donor Name:	Date of Donation:		
Donor Address: City/State/Zip:_			
Donation Site Name:			
Medication Name & Strength NO CONTROLLED SUBSTANCES!!	Quantity		
		Initials of Staff accepting donation:	
I certify that the above-named medications were stored as recommend with.	ded by the manufacturer and ha	ve not been tampered	
Donor Signature	 Date	-	

Section 6. Immunity. Any person or entity, which exercises reasonable care in donating, accepting, distributing/dispensing medications under the Drug Donation Program Act or rules and regulations adopted and promulgated under this act shall be immune from civil or criminal liability or professional disciplinary action of any kind for any related injury, death or loss.

Donor Record- Continued

Please staple pages together

Donor Name:	Date of Donation:	
Medication Name & Strength	Quantity	
(Must be completed)	,	
• • •		
		Initials of St
		accepting
		donation: