



Intellectual and
Developmental
Disabilities Council
of Tarrant County



Med Lock Box Receipt and Acknowledgement

The purpose of the Med Lock Box program is to help reduce the risk of children accidentally swallowing medications they find on their own, by providing education and a locking container where medications can be stored. The education and Med Lock Box are offered as a free service.

Please acknowledge the following by initialing:

I have received education on the proper use of the Med Lock Box.

I understand that it is important to use the Med Lock Box correctly and that the failure to do so will mean my child will not have the safety benefits that the container may provide.

I understand that this program and program sponsors cannot guarantee the quality, safety or condition of the Med Lock Box.

I understand that the program sponsors make no guarantees, warranties (expressed or implied), or promises as to the effectiveness of the provided Med Lock Box.

Printed name

Signature

Date

Address to mail Med Lock Box:

Street Address

City

State

Zip Code

Staff use only:

Are you currently on CHIP/WIC/Medicaid? Yes / No

Email completed form to:

Rita@IDDCouncil.org

Reviewed by CC's Legal Dept. 09/2019

