

**KANSAS STATE BOARD OF PHARMACY  
800 SW JACKSON, ROOM 1414  
TOPEKA, KS 66612  
(785) 296-4056  
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FOR OFFICE USE ONLY

REG NUMBER: \_\_\_\_\_

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

**Utilization of Unused Medications  
Unused Medications Manifest  
ADULT CARE HOME  
DECLARATIONS PAGE**

I certify that the medications listed on the attached manifest meet the following requirements of KAR 68-18-1

1. The name of the patient or resident and all of the patients or residents personal identifiers has been removed in order to protect confidentiality
2. The qualifying center or clinic is willing to accept each unused medication
3. The qualifying center or clinic has a consulting pharmacist and is registered with the board to accept unused medications

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Name of Adult Care home Administrator

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Signature

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Date

