Loudoun County EMS Advisory Council, Inc.
Recipient Agreement - Medication Security System Keys

Effective this date, ___/___/___, I, _____, hereafter referred to as "technician", agree to accept responsibility for the proper use and security of assigned keys to the Loudoun County EMS drug boxes and associated storage compartments, in compliance with the following terms:

1. Assigned keys will remain the exclusive property of the Loudoun County EMS Advisory Council, Inc., hereafter referred to as "Council" and as such will be surrendered to the Council by way of submission to the Chairman or Vice-Chairman of the Council at such time as the technician terminates membership with a Council recognized ALS licensed EMS agency or loses local privileges to perform patient care at the EMT-E or EMT-I/P level.
2. Change in the technician's affiliation among Council recognized ALS licensed EMS agencies requires the technician to surrender their assigned keys in the manner described above and be reissued keys under the auspices of the new agency affiliation. Said reissuance will require completion and signing of a new "Recipient Agreement".
3. Assigned keys must remain in the possession of the technician and may not be loaned to others under any circumstances.
4. The technician agrees to immediately report lost or broken keys in full accord with guidelines documented in the ALS Policy "Security of Pre-Hospital Medications".

In signing this agreement, the signatory parties understand that a failure to comply fully with all terms specified herein may result in a compromise of local pre-hospital medication security and that said technician and/or EMS agency of affiliation could be held liable for damages, including, but not limited to costs associated with subsequent rekeying of the Loudoun County EMS Advisory Council, Inc. medication system.

I, _____, President of _____
(Print name) *(Agency of Affiliation)*
recognize the above noted technician as a member in good standing.

_____
President's Signature *Date*

_____
Technician's Signature *Date*

_____
Technician's Chief's Signature *Date*

_____
EMS Council Chairman/Vice-Chairman's Signature *Date*

The following keys are issued:

Drug Box Key # _____ Narcotic Key # _____

- **Complete the "Exchange" form located on the back of this form should any change occur.**

Appendix "E"

Loudoun County EMS Advisory Council, Inc.
Medication Security System Keys

Exchange Form

Technician _____
Print Name

Reason for change:

- ❑ Lost
- ❑ Broken
- ❑ Change in ALS Technician number
- ❑ Left Agency

ID number of key(s)

- ❑ Turned in
- ❑ Lost
- ❑ Broken

Drug Box Key # _____ Narcotic Key # _____

ID number of key(s) issued as a result of this change:

Drug Box Key # _____ Narcotic Key # _____

_____
Technician's Signature *Date*

_____
Technician's Chief's Signature *Date*

_____
EMS Council Chairman/Vice-Chairman Signature *Date*