



First Nations Health Authority  
Health through wellness

# Medication Return Event Grant Application Form

## Host a Medication Return Event in your Community

Date of Application (event should be planned within 60 days of application date) YYYY-MM-DD

Name of Applicant/Organization (as it should appear on grant cheque)

Mailing Address of Host Community or Organization (include postal code)

### Contact Person for Medication Return Event Grant Application

(Person who will be the contact with the FNHA):

Name Role in community

Phone Email

Would you like a copy of the Community Event Information Sheet with tips on hosting an Event in your Community?  
 YES  NO

Would you like a copy of the "Safe Disposal of Medications" poster providing information on medications that can be returned to the event (including returning to a pharmacy)?  YES  NO

How did you hear about the Medication Return Event Grant?

Regional  Caucus Session  FNHDA Email  FNHA Facebook  Word of Mouth

eBlast Newsletter  FNHDA Website  News media  FNHA Staff

Other: \_\_\_\_\_

The Medication Return Event Grant is subject to the following terms and conditions:

**A)** You agree to complete a short survey about your event no later than 14 days after the event's end date. This survey provides the option to share your experiences, stories and photos of the event. (You can find the survey on the <https://www.fnha.ca/what-we-do/health-system/medication-return-event-grant>.)

**B)** You agree to publicly acknowledge the Medication Return Grant funding contributed by the FNHA in any activities carried out with the contribution monies.

Note that the FNHA assumes no liability for the proposed activities identified in your application.

**Funding is provided through the Healthy Medication Use project**

Contact us at: [HealthyMedicationUse@fnha.ca](mailto:HealthyMedicationUse@fnha.ca)

For more information, see Medication Return Event Grant:  
<https://www.fnha.ca/what-we-do/health-system/medication-return-event-grant>