NOTE: This is an example form provided by Risk Management. You must modify it to reflect your specific program and activities. The legal language has been aproved by General Counsel and should not be altered.

CHECK-OUT FOR PRESCRIPTION MEDICATIONS, OVER-THE-COUNTER DRUGS, AND HEALTH OR MEDICAL MONITORING DEVICES

NOTE: To be completed by parent/legal guardian on check-in and check-out out day(s).

Log of prescription medications, over-the-counter drug, or health or medical monitoring device transactions with a University representative.

I hereby acknowledge receipt and return of any remaining medications:

Date Released	Signature	Date Received	Signature

OR

I grant permission for my child to be in possession of this prescription medication, over-the-counter drug, or health or medical device:

_____ Date _____

RECEIPT LOG

(Internal document)

Dosage	Date/Time	RC