

Matanuska-Susitna Borough School District

MEDICATIONS – RECEIVED OR RETURNED

Date _____ Time _____

Student's Name/ ID # _____

Name of Medication _____

Pharmacy and Prescription Number _____

Number of liquid/tablets/ capsules Received _____

OR

Number of liquid/tablets/capsules Returned _____

Received/Returned by _____

School district employee signature/printed name

Parent/Guardian's Signature _____

Matanuska-Susitna Borough School District

MEDICATIONS – RECEIVED OR RETURNED

Date _____ Time _____

Student's Name/ ID # _____

Name of Medication _____

Pharmacy and Prescription Number _____

Number of liquid/tablets/ capsules Received _____

OR

Number of liquid/tablets/capsules Returned _____

Received/Returned by _____

School district employee signature/printed name

Parent/Guardian's Signature _____