

## MEDICATION / EQUIPMENT RECEIVED IN SCHOOL

School	Organization #	School Year
CSN Signature		Principal Signature

**Instructions:** When medication or equipment is delivered to the school all columns are to be completed. For medication, the quantity must be noted. Persons who deliver and receive the medication are required to sign this log.

**PP = Proper packaging. Retain in the School Health Room at the end of the school year.**

Date Rec'd	Student's Name	Rm./Bk.	P.P.	Medication / Equipment	Qty.	Delivered By (Signature)	Received By (Signature)