Monroe County Intermediate School District

Return of Medication Form

Name of Student Grade:

Teacher School

Delivery made to: Mother Father Other

Date Returned

Medication Quantity

Medication: Quantity

Date received

Quantity verified by

Parent/guardian/witness

 *Signature*

Staff Member

 *Signature*

Blue locked bag returned: Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

**If parents do not pick up medication by the last day of school, the medication will be returned to a “safe medication disposal box” by two (2) staff members.**