 Form JGCD-4

**PRESCRIPTION MEDICATION/CONTROLLED SUBSTANCES: QUANTITY RECEIVED**

|  |  |
| --- | --- |
| **Student Name:** |  |

|  |  |
| --- | --- |
| **Medication:** |  |

|  |  |  |
| --- | --- | --- |
| I have brought in |  | (number) of pills. |

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**Parent/Guardian Signature Date/Time AM PM**

|  |  |  |
| --- | --- | --- |
| I received |  | (number) of pills from parent. |

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**School Personnel Signature Date/Time AM PM**

|  |  |  |
| --- | --- | --- |
| I received |  | (number) of pills in the clinic. |

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**School Nurse Signature Date/Time AM PM**