

Friendswood ISD
Controlled Substance/Medication Receipt

To be filled in by parent/guardian:

Date _____

Sent in: _____ of _____
(# of pills) (Name of Medication)

Signature: _____

To be filled in at clinic:

Date _____ School _____

Received _____ of _____
(# of pills) (Name of Medication)

Brought in by _____
(PRINT Name)

For _____
(PRINT Name of Student)

Received by _____
(Signature)

Witness _____
(Signature)