**Over-the-Counter (OTC) Medication Sign-Out Sheet Template**

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| **CENTER NAME:** | | | **LOCATION:** | | | |
| **Date** | **Time** | **Medication Self-Selected**  **(Dose and Quantity)** | **Student Name (Print)** | **Student Signature** | **Staff Name (Print)** | **Staff Signature** |
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NOTE: This form is intended to be used by designated non-medical staff and students for OTC medications or first aid items. File the information from this form in individual SHRs weekly on the SF-600.