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

CENTER NAME:			LOCATION:			
Date	Time	Medication Self-Selected (Dose and Quantity)	Student Name (Print)	Student Signature	Staff Name (Print)	Staff Signature

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.