**Student School Healthcare Items - Return Sheet**

*Please list all items in the Health Room returned to parents. Prepare prior to parent pick-up. Include signatures from school staff and count for medication, supplies, or equipment.*

**School Name**

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| --- |
|  |

**Student’s Name**  **Grade**

|  |  |
| --- | --- |
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| --- | --- | --- |
| **Item** | **Count** | **Comment (if needed)** |
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**SIGNATURES:**

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*Name Title Date Time*

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*Name Title Date Time*

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*Parent Signature Date Time*