

Medication Delivery to Health Services Special Handling Requirements

I understand that my medication can be delivered to Health Services. Health Services is not assuming responsibility for my medications, they are only serving as a delivery location.

Choose Delivery Location: **CSB Health Services, Lottie Hall 010**
 SJU Health Services, Mary Hall 001

Medication Name: _____

Check the method that you would like to be notified when your medication is ready to be picked up (*phone/email or both*):

Phone Number: _____

Email Address: _____

*If I cannot pick up my medication the same day it arrives, I want the following done:

Example: My medication needs to be refrigerated, unpackaged and put in the refrigerator. Leave everything as is., etc.

Print Name Legibly: _____ Student ID: _____

Signature: _____ Date: _____