

## Medication Delivery Waiver

Student Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Student ID #: \_\_\_\_\_  
Prescribed Medication: \_\_\_\_\_  
Expected Delivery Schedule (Weekly, Bi Weekly, Monthly): \_\_\_\_\_

I, \_\_\_\_\_, acknowledge and agree to the following regarding the delivery of the above-listed medication to the Davison Health Center:

1. I understand that this medication has been prescribed by an outside provider who is not affiliated with the Davison Health Center.
2. I understand that the Davison Health Center is receiving the medication only and is not responsible for managing my medication schedule, including missed doses.
3. I understand that the Davison Health Center will not open my medication package.
4. I understand that Davison Health Center is not responsible for storing my medication. I acknowledge that I am solely responsible for ensuring proper storage and handling in accordance with the manufacturer's guidelines.
4. I understand that I am responsible for picking up my medication within 24 hours of delivery.
5. I understand and agree that the Davison Health Center is not responsible for any complications, outcomes or shipping errors with my medication delivery.
6. I understand it is my responsibility to adjust my delivery schedule for holidays, during breaks and Summer vacation.
7. I understand that it is my responsibility to notify the Davison Health Center of any changes with my medication or shipping schedule.
8. I understand that Davison Health Center will contact my Alternate Contact if I do not pick up my medication within 24 hours of delivery.
9. Davison Health Center reserves the right to terminate this arrangement at any point in time.

By signing below, I acknowledge that I have read, understood, and agree to the terms outlined above.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Alternate Contact Will Be Notified If Medication Is Not Picked Up Within 24 Hours:**

**Alternate Contact Name:** \_\_\_\_\_

**Alternate Contact Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_