

## Gonzaga University Health & Counseling Services Agreement to Receive and Store Medications for a Student



I, \_\_\_\_\_ (student name), formally request that Gonzaga University Health & Counseling Services receive the following medication or medical supply on my behalf:

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Please initial the following criteria that must be in place for this request to be met. If I fail to meet these conditions, Gonzaga University Health & Counseling Services reserves the right to discontinue this arrangement.

	Initial
I understand that this item must be shipped in my name, care of Gonzaga Health & Counseling Services: 502 E. Boone Ave MSC 2506 Spokane, WA 99258	
I understand that Gonzaga Health & Counseling Services is only open 8 a.m. to 4:30 p.m., Monday through Friday (Thursday 10:45 a.m. to 4:30 p.m.). I will, to the best of my ability, arrange for shipping so that items that have special storage requirements are received during these dates and times. *Please be aware of campus holidays and office closures that take place during the school year.	
I understand that Gonzaga Health & Counseling Services will open this package in order to inspect contents and place them in the appropriate storage (e.g. refrigerator, locked medication cabinet).	
I release Gonzaga Health & Counseling Services from responsibility for any broken, damaged, or otherwise unsatisfactory medications/supplies that are received.	
I agree to pick up my medication/supplies within <b>2 business days</b> after Gonzaga Health & Counseling Services notifies me that they have arrived.	
I understand that I must contact Gonzaga Health & Counseling Services' Director in order to cancel or modify this agreement.	

I give Gonzaga Health & Counseling Services permission to send me a text message informing me that I have a package awaiting pick up.	
If <b>"Yes,"</b> please list the number to which we should send these reminders	
If <b>"Yes,"</b> please list your cell phone carrier (Verizon, Sprint, etc.)	

I understand and agree to all of the above conditions and hereby give my permission to execute this agreement.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Zag ID: \_\_\_\_\_