



Belongings and Medication Pickup Acknowledgment

I, _____ (client or authorized person), confirm that on _____ (date), I picked up all of my personal belongings and medications from Libin Health. This includes, but is not limited to, clothing, hygiene products, identification documents, and any prescribed medications that were in my possession during my stay. I acknowledge that I have reviewed the items at the time of pickup and that everything has been returned to me in full. By signing below, I release Libin Health from any further responsibility regarding my belongings and medications.

Signed: _____

Date: _____

Staff Witness: _____

Date: _____