

## MEDICATION ADMINISTRATION RECORDS CONTROLLED SUBSTANCE MEDICATION MONITORING SHEET

School Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time Scheduled: \_\_\_\_\_ Route: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ School RN: \_\_\_\_\_

### MEDICATION COUNT:

Controlled medications must be counted when received.

Medications may be counted by parent/guardian and school staff member  
or by two staff members if parent/guardian is not available.

<b>MEDICATION &amp; DOSAGE</b>	
Signature of person counting:	Witness Signature:
Date:	Description of pill:
Number of pills remaining:	Comments:
Number of pills received:	

<b>MEDICATION &amp; DOSAGE</b>	
Signature of person counting:	Witness Signature:
Date:	Description of pill:
Number of pills remaining:	Comments:
Number of pills received:	

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Date:	Description of pill:
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Date:	Description of pill:
Number of pills remaining:	Comments:
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<b>MEDICATION &amp; DOSAGE</b>	
Signature of person counting:	Witness Signature:
Date:	Description of pill:
Number of pills remaining:	Comments:
Number of pills received:	

Date Parent/Guardian contacted to pick up unused medicine: ___ / ___ / ___	
Date Parent/Guardian picked up medication: ___ / ___ / ___	# of Pills Picked Up: _____
Signature of Parent/Guardian: _____	
Date Medication destroyed: ___ / ___ / ___	
Staff Signature: _____	# of Pills Destroyed: _____
Witness: _____	