MEDICATION COUNT FOR CONTROLLED SUBSTANCES

To ensure the safety of medication dispensation at school, please complete the following form providing an accurate count of the number of pills you are sending. When the medication arrives at school, the count will be verified and documented on this form. The safety of students is our prime concern. Thank you for your cooperation.

To be completed by parent:

Student Name: _____________________________________________ Grade: __________

Name of medication: ________________________________________ Number of pills sent: ___________

Phone Number: Home - (_____) _______________ Work - (_____) _______________

Today's Date: ______________________ Parent/Guardian Signature: ___________________________

To be completed by Nurse:

Today's Date: _________________ Nurse Signature: ___________________________

Number of pills received: ______________

Other School Personnel Signature (Optional) _________________________________________