

### 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) \_\_\_\_\_

---

### 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) \_\_\_\_\_