

2024-2025 SCHOOL MEDICATION COUNT RECORD

Student:	DOB:	Grade:	School:	
Medication (one per form):			Dose:	

MEDICATION INVENTORY						
Date	Time	# of Meds Dropped Off/Picked Up	Total # of Meds at School	Counter Initial	Witness Initial	Parent/Guardian Signature

Date	Time	# of Meds Dropped Off/Picked Up	Total # of Meds at School	Counter Initial	Witness Initial	Parent/Guardian Signature

RECORD OF STAFF COUNTING AND PROVIDING WITNESS					
Name (Print)	Signature	Initials			