RECORD OF CONTROLLED SUBSTANCES

In addition to the procedures for prescribed medications, controlled substances received at the school should be recorded to include:

1. Student name
2. Medication Name
3. Prescribed dose
4. Counted number of tablets and by whom
5. Date and time received and by whom
6. By whom the medication was brought

Controlled substances that are sent home or destroyed at the school should be recorded to include:

1. Student name
2. Medication name
3. Prescribed dose
4. Counted number of tablets and by whom
5. Date and time
6. To whom medication was given, that person’s signature and staff signature
   OR
7. By whom destroyed and witness signature

Ref.: Albemarle County School’s generated forms in current use in county schools, 1998.
<table>
<thead>
<tr>
<th>Student Name</th>
<th>Medication</th>
<th>Dose (mg)</th>
<th># of Tabs</th>
<th>Date</th>
<th>Time</th>
<th>Carried by</th>
<th>*Received by</th>
<th>*Counted by</th>
</tr>
</thead>
</table>

* Staff Signature Required
School: ____________________  Record of Controlled Substances Sent Home or Destroyed  Month ____________ 20_____

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Medication</th>
<th>Dose (mg)</th>
<th># of Tabs</th>
<th>Date</th>
<th>Time</th>
<th><strong>Sent Home With</strong></th>
<th>*or Destroyed by</th>
<th>*Witnessed by</th>
</tr>
</thead>
</table>

**Parent/Guardian Signature Required**  * Staff Signature Required