

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.

School: _____

Record of Controlled Substances Received into the Clinic

Month _____ 20____

Student Name	Medication	Dose (mg)	# of Tabs	Date	Time	Carried by	*Received by	*Counted by

* Staff Signature Required

School: _____

Record of Controlled Substances Sent Home or Destroyed

Month _____ 20____

Student Name	Medication	Dose (mg)	# of Tabs	Date	Time	**Sent Home With**	*or Destroyed by	*Witnessed by

Parent/Guardian Signature Required

* Staff Signature Required

