

Medication Inventory Record - Page 2 of 2

Any staff member administering medications and/or participating in medication counting, and any parent/guardian dropping medications off should fill out this section.
When medications are dropped off, parent must participate in medication counting.

Print Name	Signature	Initials (as used above)

Date	Medication Inventory Notes (Please use this section to state which parent/guardian dropped medication off. Include any other special instructions or miscellaneous information whenever necessary.) *Parents must drop medications off in original pharmacy container with student's name, name of medication, strength, and dosage to be given. Non-prescription medications must be furnished in original container from the manufacturer. *