

2023 - 2024 SCHOOL MEDICATION COUNT RECORD

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

MEDICATION INVENTORY						
Date	Time	# of Meds Dropped Off or Picked Up	Total # of Meds at School	Counter Initial	Witness Initial	Parent/Guardian Signature
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Date	Time	# of Meds Dropped Off or Picked Up	Total # of Meds at School	Counter Initial	Witness Initial	Parent/Guardian Signature
	RECORD OF PERSONS COUNTING AND PROVIDING WITNESS					

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