

Drug Disposal Record for multiple students

Date: _____

Student Name	Student date of birth	Name of Drug and strength	# pills/patches/ ml of liquid	Reason for Disposal	Method of Disposal	Staff who counted and Disposed of Medication	Witness if Controlled Substance

Printed Staff Name: _____ Signature: _____

Printed Staff Name: _____ Signature: _____

Printed Staff Name: _____ Signature: _____

(If any controlled medications are disposed, store one form at building level, send copy to SISS)