

Medication Wasting Procedure

- Contaminated needles or other contaminated sharp materials should not be bent, recapped or removed. Contaminated needles should be placed immediately in a puncture resistant container that is closable. (See Appendix N.)
- All discontinued or outdated medications should be returned to the parent/guardian immediately. At the end of each school year, all unused medications should be returned to the parent/guardian.
- Documentation of disposition should include the date, time, amount of medication and signatures of the parent/guardian and school personnel. If the parent/guardian does not retrieve the medication at the end of the school year, the licensed personnel (CSN, RN, LPN) and one witness should dispose of the medication and document the disposal.
- Medications should not be disposed of down the drain because waste water treatment facilities are not designed to remove pharmaceutical compounds and they may end up in local waterways, and may eventually be found in drinking water.
- Please utilize the Medication Disposal Form to dispose of any medications at McKeesport Area School District.
- Please make sure all identifying information is removed from the medication prior to disposal.
- Remember to bring your MASD badge with you to drop off location.
- If dropping off at a police station, your record of disposal is you on camera, they will not sign any forms.

Medication Disposal Form

School Building: _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Student's Name: _____

Medication: _____ **Quantity:** _____

Other Medication(s): _____

Date of Disposal: _____

Method of Disposal: _____

Nurse Name: _____

Nurse Signature: _____

Witness Name: _____

Witness Signature: _____

Principal Name: _____

Principal Signature: _____