



FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

520 Fifth Ave. Fairbanks, AK 99701 (907) 452-2000

MEDICATION INVENTORY RECORD

School Year _____

Fairbanks North Star Borough School District

Student _____

School _____

RECEIVED

Date	Name & Strength of Medication	Quantity Received	Does the order on the medication label reflect the physician's order? Yes/No	Receiving Staff Signature	Witness/Parent/Guardian

RETURNED/DISPOSED

Date	Name & Strength of Medication	Quantity Disposed	Quantity Returned	Parent Signature	Staff Signature/Witness Signature (two staff witnesses if meds are wasted)
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					/
					/