Rankin County School District
TRADITION OF EXCELLENCE

2025-2026 SCHOOL MEDICATION COUNT RECORD

Student: _____ DOB:_____ Grade: _____ School: _____

Medication (one per form): _____ Dose: _____

MEDICATION INVENTORY

Date	Time	Starting Count	Amount Added/Removed	Ending Count (Weekly Count)	Counter Initial	Witness Initial	Parent/Guardian Signature
8/1/25	*10:00*	*10*	*+30*	*40*	*FN*	*JD*	*Florence Nightengale*

Date	Time	Starting Count	Amount Added/Removed	Ending Count (Weekly Count)	Counter Initial	Witness Initial	Parent/Guardian Signature

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