Descriptor Code: ACBD-E8

MEDICATION DISPOSAL/DESTRUCTION LOG

INSTRUCTIONS: To be completed by authorized school personnel only. The Superintendent or designee (who shall not be a school medication provider) must serve as a witness when medication is disposed of/destroyed. Medication Disposal/Destruction log will sent to Central Office at the end of the school year.

Name of School: _____

STUDENT NAME	MEDICATION NAME	DATE RECEIVED BY SCHOOL	DATE OF PICK-UP NOTIFICATION TO PARENTS	QUANTITY REMAINING	METHOD OF DISPOSAL/DESTRUCTION	DATE OF DISPOSAL/ DESTRUCTION	INITIALS OF INDIVIDUAL DISPOSING DRUG	INITIALS OF WITNESS