RECORD OF CONTROLLED SUBSTANCES**

In addition to the procedures for prescribed medications, controlled substances received at the school must be recorded to include:

1. Student name
2. Medication Name
3. Prescribed dose
4. Counted number of tablets and by whom
5. Date and time received and by whom
6. By whom the medication was brought
7. Signature of person who brought medication
8. Signature of person who received medication
9. Signature of person who counted medication

Note: The counting of medication must be witnessed by either the person who delivered it or the person who received it indicated by a W next to signature.

** Policy JHCD

1) No more than a 30-day supply of medication may be stored at school
2) Medication must be delivered to the school by a parent/guardian who must sign off on the count with an ACPS employee. If the nurse is not available when the parent delivers the medication, the employee who receives the medication should witness the count.
3) The medication count must be documented on the forms below or on this form.

Controlled substances that are sent home or destroyed at the school must be recorded to include:

1. Student name
2. Medication name
3. Prescribed dose
4. Counted number of tablets and by whom
5. Date and time
6. To whom medication was given, that person's signature and staff signature

OR

7. By whom destroyed and witness signature

School: _____ **Record of Controlled Substances Received into the Clinic** **Month _____ 20_____**

Student Name	Medication	Dose (mg)	# of Tabs	Date	Time	*Carried by	*Received by	*Counted by

Parent/Guardian Signature Required * Staff Signature Required

School: _____ **Record of Controlled Substances Sent Home or Destroyed** **Month _____ 20____**

Student Name	Medication	Dose (mg)	# of Tabs	Date	Time	**Sent Home With**	*or Destroyed by	*Witnessed by

Parent/Guardian Signature Required * Staff Signature Required