MEDICATION DESTRUCTION WORKSHEET

School Name: _____ School Year: _____

Date	Student Name	Student ID #	Medication	Strength	Quantity Destroyed	Reason Code	RN Initials	Witness Initials

Initials	Print Name	Signature /Title	Codes
			EP - Expired - Parent/Guardian requested disposal
			EM - Expired - Medication not picked up by deadline
			DP - Discontinued - Parent/Guardian requested disposal
			DM - Discontinued - Medication not picked up by deadline
			YP - End of year - Parent/Guardian requested disposal
			YM - End of year - Medication not picked up by deadline

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