

ESCAMBIA COUNTY PUBLIC SCHOOLS
HEALTH SERVICES
30 E. TEXAR DR
PENSACOLA, FL 32503
(850) 469-5456

MEDICATION COUNT FORM

School Year: _____

Student Name: _____
Student ID: _____
DOB: _____
Medication: _____
Strength: _____

TOTAL NUMBER OF MEDICATION TAKEN IN (Refer to Medication Tracking Log)

TOTAL NUMBER OF MEDICATION ADMINISTERED (Refer to SMR)

SUBTRACT _____
= _____ TOTAL

NUMBER OF MEDS WASTED _____ + NUMBER OF MEDS SIGNED OUT BY PARENT _____
(Refer to Medication Tracking Log for both values)

SUBTRACT _____
= _____ TOTAL

HOW MANY MEDS DO YOU HAVE IN THE BOTTLE

SUBTRACT _____
= _____ BALANCE

BALANCE SHOULD EQUAL ZERO

****IF YOUR BALANCE IS NOT ZERO YOUR COUNT IS NOT CORRECT****

PRINT NAME: _____ SIGN/TITLE: _____ DATE/TIME: _____

Comments: _____

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