

Medication Administration Record
Add School Name or Logo

Controlled medications will be counted when received and recorded. The count will be witnessed by another school employee. Name and title of person administering medications or name and title of person observing self-administration medications:

Signature: _____
Signature: _____
Signature: _____
Signature: _____

Initials: _____
Initials: _____
Initials: _____
Initials: _____

End of Year Disposal of Medications:

Medications will be disposed of at the end of the year if parent/guardian does not pick up by the designated date. The disposal will be witnessed by another school employee and then verified by signing below.

Number of pills destroyed: _____ Signature: _____ Verification person Signature: _____

Date: _____