

*** Each medication requires its own Medication Log & Inventory Record Fage 1 of 2

Student's Name:					Date of Birth: School:						
Grade: Allergies:						Teacher (if applicable):					
Name of Medication:		Dose:		Time to be given:		Special Instructions:					
Date	Time:	Sta	rting Count	Given (subtract)	Added (a	add)	Calculated Total	Current C	ount	Init	ials

Medication Inventory Record - Page 2 of 2

Any staff member administering medications and/or participating in medication counting, and any parent/guardian dropping medications off should fill out this section.

When medications are dropped off, parent must participate in medication counting.

When medications are dropped on, parent mast participate in medication counting.								
Print Name		Signature	Initials (as used above)					
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Date	Medication Inventory Notes (Please use this section to state which parent/guardian dropped medication off. Include any other special							
	instructions or miscellaneous information whenever necessary.)							

Date	Medication Inventory Notes (Please use this section to state which parent/guardian dropped medication off. Include any other special instructions or miscellaneous information whenever necessary.) *Parents must drop medications off in original pharmacy container with student's name, name of medication, strength, and dosage to be given. Non-prescription medications must be furnished in original container from the manufacturer. *						