



Student's Name:		Date of Birth:	School:
Grade:	Allergies:	Teacher (if applicable):	
Name of Medication:	Dose:	Time to be given:	Special Instructions:

[illegible]

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.

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

Print Name	Signature	Initials (as used above)

[illegible]

