

## **MEDICATION ADMINISTRATION RECORDS**

### **CONTROLLED SUBSTANCE MEDICATION MONITORING SHEET**

School Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time Scheduled: \_\_\_\_\_ Route: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone \_\_\_\_\_ School RN: \_\_\_\_\_

#### **MEDICATION COUNT:**

Controlled medications must be counted when received.  
Medications may be counted by parent/guardian and school staff member  
or by two staff members if parent/guardian is not available.

<b>MEDICATION &amp; DOSAGE</b>	
Signature of person Counting: _____	Witness Signature: _____
Date: _____	Description of Pill: _____
Number of Pills remaining: _____	Comments: _____
Number of Pills received today: _____	
New Total Number of Pills: _____	

<b>MEDICATION &amp; DOSAGE</b>	
Signature of person Counting: _____	Witness Signature: _____
Date: _____	Description of Pill: _____
Number of Pills remaining: _____	Comments: _____
Number of Pills received today: _____	
New Total Number of Pills: _____	

<b>MEDICATION &amp; DOSAGE</b>	
Signature of person Counting: _____	Witness Signature: _____
Date: _____	Description of Pill: _____
Number of Pills remaining: _____	Comments: _____
Number of Pills received today: _____	
New Total Number of Pills: _____	

<b>MEDICATION &amp; DOSAGE</b>	
Signature of person Counting: _____	Witness Signature: _____
Date: _____	Description of Pill: _____
Number of Pills remaining: _____	Comments: _____
Number of Pills received today: _____	
New Total Number of Pills: _____	

Date Parent/Guardian contacted to pick up medicine: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date Parent/Guardian picked up medicine: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ # of Pills picked up: \_\_\_\_\_  
 Signature of Parent/Guardian \_\_\_\_\_

Date Medication destroyed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Signature of RN: \_\_\_\_\_ # of Pills destroyed \_\_\_\_\_  
 Witness: \_\_\_\_\_

<b>MEDICATION &amp; DOSAGE</b>	
Signature of person Counting: _____	Witness Signature: _____
Date: _____	Description of Pill: _____
Number of Pills remaining: _____ Number of Pills received today: _____ New Total Number of Pills: _____	Comments: _____

<b>MEDICATION &amp; DOSAGE</b>	
Signature of person Counting: _____	Witness Signature: _____
Date: _____	Description of Pill: _____
Number of Pills remaining: _____ Number of Pills received today: _____ New Total Number of Pills: _____	Comments: _____

<b>MEDICATION &amp; DOSAGE</b>	
Signature of person Counting: _____	Witness Signature: _____
Date: _____	Description of Pill: _____
Number of Pills remaining: _____ Number of Pills received today: _____ New Total Number of pills: _____	Comments: _____

Date Parent/Guardian contacted to pick up unused medicine: ____ / ____ / ____ Date Parent/Guardian picked up medication: ____ / ____ / ____      # of Pills Picked Up: _____ Signature of Parent/Guardian: _____	
Date Medication destroyed: ____ / ____ / ____ Signature of RN: _____      # of Pills Destroyed: _____ Witness: _____	