Prescription/Controlled Substance Log

Student Name:_____

Medication Name/Strength:_____

_____

Date	#Doses Delivered	# Doses Picked Up	Staff Initial	Parent Initial

Initials	**Signature**

Prescription/Controlled Substance Monthly Reconciliation

Month/day	Starting Count	Doses Delivered	Doses Given	Doses Remaining	Initals (2 staff)
Aug___	+	−	=		
Sept___	+	−	=		
Oct____	+	−	=		
Nov____	+	−	=		
Dec____	+	−	=		
Jan____	+	−	=		
Feb____	+	−	=		
March____	+	−	=		
April____	+	−	=		
May____	+	−	=		
June____	+	−	=		
July____	+	−	=		

Starting Count + Doses Delivered- Doses Given= Doses Remaining

"Doses Remaining" becomes starting count for following month

Please contact school nurse if actual med count doesn't match doses remaining and comment on reverse side for any medications wasted, ex: fell on floor.

Date	Comment

Date	Comment