

Boone County Schools

Medication count and medication disposal: Two (2) witness signatures required: Authorized School Personnel or Parent/Guardian or licensed nurse

Student Name: _____ **DOB:** _____ **Grade:** _____

Medication counted:		Dose:		Medication counted:		Dose:	
Date: _____	# Present: _____	Date: _____	# Present: _____	Date: _____	# Present: _____	Date: _____	# Present: _____
#1 _____	_____	#1 _____	_____	#1 _____	_____	#1 _____	_____
#2 _____	_____	#2 _____	_____	#2 _____	_____	#2 _____	_____
Date: _____	# Present: _____	Date: _____	# Present: _____	Date: _____	# Present: _____	Date: _____	# Present: _____
#1 _____	_____	#1 _____	_____	#1 _____	_____	#1 _____	_____
#2 _____	_____	#2 _____	_____	#2 _____	_____	#2 _____	_____
Date: _____	# Present: _____	Date: _____	# Present: _____	Date: _____	# Present: _____	Date: _____	# Present: _____
#1 _____	_____	#1 _____	_____	#1 _____	_____	#1 _____	_____
#2 _____	_____	#2 _____	_____	#2 _____	_____	#2 _____	_____
Date: _____	# Present: _____	Date: _____	# Present: _____	Date: _____	# Present: _____	Date: _____	# Present: _____
#1 _____	_____	#1 _____	_____	#1 _____	_____	#1 _____	_____
#2 _____	_____	#2 _____	_____	#2 _____	_____	#2 _____	_____
Date: _____	# Present: _____	Date: _____	# Present: _____	Date: _____	# Present: _____	Date: _____	# Present: _____
#1 _____	_____	#1 _____	_____	#1 _____	_____	#1 _____	_____
#2 _____	_____	#2 _____	_____	#2 _____	_____	#2 _____	_____
Date: _____	# Present: _____	Date: _____	# Present: _____	Date: _____	# Present: _____	Date: _____	# Present: _____
#1 _____	_____	#1 _____	_____	#1 _____	_____	#1 _____	_____
#2 _____	_____	#2 _____	_____	#2 _____	_____	#2 _____	_____

End of year medication disposal:

Medication picked up at school by parent/guardian: Yes _____ No _____

Medication picked up at school by parent/guardian: Yes _____ No _____

Medication disposal signatures: _____

Medication disposal signatures: _____