

LONG COUNTY SCHOOL HEALTH SERVICES

Student _____

MEDICATION RECEIVED/INVENTORY LOG

SY _____

Grade _____

DOB _____

Medication: _____

Medication	Date Received	Brought in by	Quantity	Signature

Date	Start amt. in bottle	Amount added	Amount given	Remaining amt. in bottle	School Nurse Signature	Witness Signature

Returned: _____
Amount Date

Destroyed: _____
Amount Date

Parent: _____
Signature Date

School Nurse: _____
Signature Date

School Nurse: _____
Signature Date

Witness: _____
Signature Date