**MEDICATION INVENTORY RECORD**

**(Controlled Substance)**

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Strength\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **# Pills Received** | **# Pills Removed** | **COUNT** | | **Counted by:** | | **Witnessed by:** | **COMMENTS** | |
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| **SIGNATURE** | | | | **INIT** | | **SIGNATURE** | | | **INIT** |
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