**Medication Received – Signed IN/OUT – Medication Returned**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Medication Name****and Dosage** | **Amount****Received (# pills/devices)** | **Amount****Given (# pills/devices)** | **Employee Signature** | **Parent/Guardian or Employee Signature** | **Code for reason** |
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**CODES FOR EXCHANGE OF MEDICATION**

I: Medication received into school E: End of school year and medication returned to parent/guardian

F: Field Trip – medication given to teacher for administration C: Change in medication dosage

D: Medication discontinued and returned to parent/guardian N: New medication to be given at school

**Medication Count for Controlled (Narcotic) Medications**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **# of Meds** | **Differ-****ence** | **Two initial/sign** | **Date** | **# of Meds** | **Differ-****ence** | **Two initial/sign** | **Date** | **# of Meds** | **Differ-****ence** | **Two initial/sign** |
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Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_