 Form JGCD-15

**PRESCRIPTION MEDICATION/CONTROLLED SUBSTANCES INVENTORY FORM**

|  |  |
| --- | --- |
| School: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student’s Name: |  | Medication: |  | Dose: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Column A** | Column B | **Column C** | **Column D** | **Column E** | **Column F** |  |
| **DATE** | TIME | **NUMBER OF PILLS AT** LAST COUNT **(Last Entry In Column F)** | NUMBER OF PILLS RECEIVED **FORM JGCD-4 (Controlled Substances: Quantity Received)** | **TOTAL**  **(Column A+B)** | **NUMBER GIVEN/USED**  **FORM JGCD-3**  **(Medication Administration Record)** | **NUMBER**  **WASTED**  **ENTER CODE:**  **D-Dropped On Floor**  **V-Student Vomited**  **Medication** | **TOTAL NUMBER**  **PILLS REMAINING IN BOTTLE**  **(Enter Here and in**  **Column A)** | **SCHOOL NURSE**  **SIGNATURE** |
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