

MEDICATION DISPOSAL/DESTRUCTION LOG

INSTRUCTIONS: To be completed by authorized school personnel only. The building principal or designee (who shall not be a school medication provider) must serve as a witness when medication is disposed of/destroyed. This form should be provided to the Superintendent upon request and at the end of each school year.

Name of School: _____

STUDENT NAME	MEDICATION NAME	DATE RECEIVED BY SCHOOL	DATE PARENTS NOTIFIED	QUANTITY REMAINING	DATE SCHOOL RESOURCE OFFICER NOTIFIED	DATE OF DISPOSAL/ DESTRUCTION	SIGNATURE OF RESOURCE OFFICER	SIGNATURE OF WITNESS

End of Dickinson Public School District Exhibit ACBD-E10