School Name_____ Descriptor Code: ACBD-E7

CONTROLLED MEDICATION LOG

***Instructions**: To be completed and retained by the building administrator and designee only. All controlled medication logs will be sent to Central Office at the end of the school year.*

STUDENT NAME	NAME OF MEDICATION	DATE MEDICATION CHECKED IN	AMOUNT CHECKED IN	DOSAGE	AMOUNT STUDENT HAS RECEIVED TO DATE	AMOUNT IN CONTAINER	TODAY'S DATE	ADMIN'S INITIALS