



School Name\_\_\_\_\_

Student's Name \_\_\_\_\_\_

Parent's Name\_\_\_\_\_

Medication	Date	Brought in	Received	QTY	Initials of Parent
	Received	by	by		Initials of School
	and				Personnel
	counted				Receiving
	counted				Necelving

## **Medication Count Form**

School Name\_\_\_\_\_

Student's Name \_\_\_\_\_\_

Parent's Name\_\_\_\_\_

