Clarksville-Montgomery County School System HEALTH SERVICES

MEDICATION COUNT

Required for <u>all</u> OTC and Prescription Medications at School

Student's Name: Dosage Medication: & Route				School Year:	
Date	# received	# doses	# returned	Parent/Guardian/Proxy Signature	Witness Signature
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MEDICATION DISPOSAL:					
School Nurse Signature				Witness Signature	Date