Date	Amount Received	Pharmacy	Prescription Number	Amount on hand /total amt		Initials

Date	Nurses' Notes

Medicine picked up by parent/guardian on:_____ **Parent/guardian's signature:_____**

Medicine discarded on _____ by _____ Witness:_____
(date) Signature Signature

*****Inventory count shown above**

Misc. Information:_____

_____

_____