Descriptor Code: ACBD-E10

# MEDICATION DISPOSAL/DESTRUCTION LOG

**INSTRUCTIONS**: To be completed by authorized school personnel only. The Superintendent or designee (who shall not be a school medication provider) must serve as a witness when medication is disposed of/destroyed. Medication Disposal/Destruction log will sent to Central Office at the end of the school year.

Name of School: _____

| STUDENT NAME | MEDICATION NAME | DATE RECEIVED BY SCHOOL | DATE OF PICK-UP NOTIFICATION TO PARENTS | QUANTITY REMAINING | METHOD OF DISPOSAL/DESTRUCTION | DATE OF DISPOSAL/ DESTRUCTION | INITIALS OF INDIVIDUAL DISPOSING DRUG | INITIALS OF WITNESS |
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