

# Controlled Substance Inventory Form

Alabama Board of Pharmacy/Alabama State Department of Education  
Required: Daily Count on ALL DEA Schedule Drugs

Revised June 2024

Student: \_\_\_\_\_

School: \_\_\_\_\_

<u>Inventory Date</u>	<u>Time of day</u>	<u>Name of Medication</u>	<u>Dosage</u>	<u>Amount of Medication</u> <small>*Include form (pill, liquid, etc.)</small>				<u>School Nurse Signature</u>	<u>Witness Signature</u> <small>School Nurse &amp; Medication Assistant Preferred</small>
				<small>Beginning Number</small>	<small>Inventory added</small>	<small>Number administered</small>	<small>Number remaining</small>		
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Nurses Notes

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