

# Controlled Substance Inventory Form

Alabama Board of Pharmacy/ Alabama State Department of Education  
Required: monthly count on ALL DEA Schedule Drugs

Revised June 2017

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 or Medication Assistant Preferred</small>
				<u>Beginning number</u>	<u>Inventory added</u>	<u>Number administered</u>	<u>Number remaining</u>		
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Nurses Notes:

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