EXHIBIT Descriptor Code: ACBD-E11

MEDICATION DISPOSAL/DESTRUCTION LOG

INSTRUCTIONS: To be completed by authorized school personnel only. The building principal or designee (who shall not be a school medication provider) must serve as a witness when medication is disposed of/destroyed. This form should be provided to the Superintendent upon request and at the end of each 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

End of McClusky School District #19 Exhibit ACBD-E11