WAKULLA COUNTY SCHOOL BOARD
MEDICATION DISPOSITION RECORD

SCHOOL_____

NAME OF MEDICATION	QUANTITY # of pills, capsules, etc.	

Prepared by: _____ Date:_____
(Wakulla County Health Department School Health Staff)

Received by: _____ Date:_____
(Wakulla County School Board Safety Officer)

Received by: _____ Date:_____
(Wakulla County Sheriff's Office Representative)

A copy of this form will be kept on file at designated school.

WMIS HE2090 4/09