

**PARK COUNTY SCHOOL DISTRICT #6
BOARD OF EDUCATION POLICY**

Med Form 3

MEDICATION DISPOSAL FORM

The following medications were disposed of in compliance with procedures set forth in the district medication policy:

Name and amount of medication and student's name medication was prescribed for:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Date _____

Time _____

Signature & Title of Person Destroying Medication _____

Signature of Witness _____

Adopted: 5/20/03