



Division of Juvenile Justice Service Medication Inventory

MEDICATION RECEIVED

*List the medication type (pill, capsule, tube, cream, ointment, and/or suppository) AND the amount received

Medication:		Type:		Amount:	
Medication:		Type:		Amount:	
Medication:		Type:		Amount:	
Medication:		Type:		Amount:	
Medication:		Type:		Amount:	
Medication:		Type:		Amount:	
Medication:		Type:		Amount:	
Medication:		Type:		Amount:	

X	X
Signature of Person Leaving Medication	Signature of Staff Receiving Medication

MEDICATION RELEASED

*List the medication type (pill, capsule, tube, cream, ointment, and/or suppository) AND the amount received

Medication:		Type:		Amount:	
Medication:		Type:		Amount:	
Medication:		Type:		Amount:	
Medication:		Type:		Amount:	
Medication:		Type:		Amount:	
Medication:		Type:		Amount:	
Medication:		Type:		Amount:	
Medication:		Type:		Amount:	

Medications RELEASED to (Print):			
Relationship:		Date:	
Signature of Person Medication RELEASED to:			
Release Staff (Print/Sign):			

MEDICATION DISPOSAL

Date:	
Location Where Medication is being disposed:	
Signature of Staff Disposing of Medication:	
Signature of Witness to Medication Disposal:	