

**Germantown Municipal School District**  
**Prescription and Over the Counter Medication Disposal Form**

Use a separate form for each medication  
Please review the medication disposal guidelines  
Print the name of the medication from the pharmacy label

School \_\_\_\_\_ School Year \_\_\_\_\_

Student Name \_\_\_\_\_ Name of medication \_\_\_\_\_

Dose of medication administered \_\_\_\_\_ Purpose of the medication \_\_\_\_\_

Was parent notified to pick up medication – Yes  No

If yes, how many parent contacts were made- # \_\_\_\_\_

Indicate what type of contacts were made -  in person # \_\_\_\_\_  phone # \_\_\_\_\_  letter \_\_\_\_\_

Amount of medication destroyed \_\_\_\_\_ Date \_\_\_\_\_

When disposing of medication two (2) adults must verify the process.

Signature 1. \_\_\_\_\_

Signature 2. \_\_\_\_\_

Prescription Medication: (Circle the form of medication)

- Inhaler     Epi Pen     Diastat     Insulin     Insulin Pen  
 Pills     Liquid     Tablets     Capsules     Solu Cortef  
 Topical     Eye Drops     Eye Ointment     Ear Medication

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Over the Counter Medication: (Print the name of the medication from the manufacturer's label)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_