



# CONTROLLED SUBSTANCE LOG

NAME OF CHILD receiving controlled substance \_\_\_\_\_

Name of Controlled Substance \_\_\_\_\_ Strength & dose \_\_\_\_\_

Number or Amount Received \_\_\_\_\_ Date Received \_\_\_\_\_

Signature of Staff receiving substance \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature of Staff receiving substance \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian providing Controlled Substance \_\_\_\_\_ Date \_\_\_\_\_

Date	Amount Given / Route	Time Given	Number / Amt On Hand	Number / Amt Given	Number / Amt Remaining	Signature(s)

## Disposal

Date \_\_\_\_\_ Time \_\_\_\_\_ Method \_\_\_\_\_

Signature of Childcare Staff disposing of substance \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature of Childcare Staff disposing of substance \_\_\_\_\_ Date \_\_\_\_\_