

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

**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  
Revised 1/17/23