



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

CONTROLLED MEDICATION INVENTORY RECORD

Name of Youth: \_\_\_\_\_
Facility Name: \_\_\_\_\_
Physician Name: \_\_\_\_\_
Prescribed Medication: \_\_\_\_\_
Date Received: \_\_\_\_\_

DJJID #: \_\_\_\_\_
DOB: \_\_\_\_\_
Pharmacy: \_\_\_\_\_
Prescription #: \_\_\_\_\_
Beginning Count #: \_\_\_\_\_

Table with 16 columns: Date, Begin Perpetual Count, Amount Given, Time Given, End Perpetual Count, Staff member Giving, 1st-2nd Shift-to-Shift, Initials, Amount Given, Time Given, End Perpetual Count, Staff Member Giving, 2nd-3rd Shift-to-Shift, Initials, 3rd -1st Shift-to-Shift, Initials.

Start Date: \_\_\_\_\_

Stop Date: \_\_\_\_\_

