



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: _____

