**Controlled Substance Medication Observation Record (CMOR)\* Template – Prescribed Controlled Substances**

|  |
| --- |
| **Center Name:** |
| **Student Name:** | **Student ID Number:** |
| **Medication(s) and Rx Numbers:** | **Dosing Instructions:** |
| **Important Notices:** |
| **Date** | **Time** | **Beginning Amount** | **Ending Amount** | **Student Signature** | **Staff Signature** | **Staff Printed Name** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*\*Observation by certified unlicensed center personnel in accordance with medication laws*

NOTE: This form is intended to be used by designated non-medical staff for prescribed controlled substance medications doses observed when the HWC is closed. File this in the SHR weekly and include any other notes on the SF-600.