

# Springdale Fire Department Controlled Medication Administration Record

Date: (mm/dd/yy)	Time Given	Dosage	Amt. Wasted
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Run #	Squad fleet #	Patient Chief Complaint
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<input type="checkbox"/> <b>Morphine</b>	<input type="checkbox"/> <b>Fentanyl</b>
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<input type="checkbox"/> <b>Valium (Diazepam)</b>	<input type="checkbox"/> <b>Versed (Midazolam Hydrochloride)</b>
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Patient Name (print)

Attending Physician

Paramedic (print)

Witness (signature) to wasted amount

Paramedic (signature)