



MONTGOMERY COUNTY Emergency Medical Services



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Wesley K. Klein
Chief

Controlled Drug Administration Form

Patients Name: _____

Patients SS#: _____

Medic Permit #: _____

Date/Time Administered: _____

Drug Seal #: _____

Drug Administered:

- | | | |
|---|------------|---------------|
| <input type="checkbox"/> Morphine Sulfate | 10mg/ml | 1ml Carpuject |
| <input type="checkbox"/> Valium/Diazepam | 5mg/ml | 2ml Carpuject |
| <input type="checkbox"/> Fentanyl Citrate | 100mcg/2ml | 2ml Carpuject |
| <input type="checkbox"/> Versed/Midazolam | 1mg/ml | 5ml Vial |
| <input type="checkbox"/> Haldol/Haloperidol | 5mg/ml | 1ml Vial |

Amount Administered: _____

Receiving Medical Facility: _____

Signature of Paramedic Administering: _____

EMT-P License #: _____

Paramedic Administering Drug Printed Name: _____

Signature of Physician: _____

Date: _____

Amount Discarded: _____

Lot Number / Expiration Date: _____

Signature of Paramedic Discarding: _____

EMT-P License #: _____

Signature of Witness for Discarded Drug: _____

Title of Witness: _____

*Please attach the receipt for the replacement of drugs and place a copy with the patient run report.