MEDICATION ADMINISTRATION

Name:										Month: Year:								Self Administers: 2 Yes 2 No														
medication/dosage	time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Drug:																																
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LIST ANY ALLERGIES, ADVERSE REACTIONS TO MEDICATI							TIO	ONS: Staff Signature Initials																								
										Staff Signature Initials																						
TIME ABBREVIATIONS:hr of sleep = hs $2 x day = bid$ Daily = qd $3 x day = tid$																																
				Dai	ıy =	qa			3 4	x da x da	ay = ay =	tid quid				Staff	Sign	natur	e										-	[nitia]	s	

P.R.N. MEDICATION RECORD

Client Name:

Date:	Time:	Medication & Reason Given:	Results:	Initials

MEDICATION DISPOSAL

(For unused, discontinued, outdated, recalled, or contaminated medications)

Date of disposal:	Medication & Strength:	Amount Disposed of:	Reason for Disposal:	Method of Disposal:	Signature of person disposing:	Signature of witness: (Required for Controlled Substances)