MEDICATION(S):	TIMES	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

ALLERGIES:

TREATMENTS:

Initial MEDS and identify initials below

INITIAL	SIGNATURE

Instructions:

1. List one medication per box on this form. Use trade name of drug & generic name if prescription label is different from Doctor's order.
2. Initial appropriate box on front of MAR when medications or treatments are given.
3. Document "R" for refusal or "W" for withheld and give reason on back side.
4. Circle initials and document on reverse side for all PRN medications.
5. Document disposed medications, including the number of PRNs
6. Treatments/Therapies/Dietary supplements should be also listed and initialed.

CHILDS NAME:

CHILD'S DOB:

MONTH AND YEAR:

MEDICATION ADMINISTRATION RECORD

REV 6.2024

INCOMING MEDICATIONS

Date	Medication and Dose	Prescribing Dr	Pharmacy	Instructions	Refills?

PRN AND REFUSED MEDICATION RECORD

Date	Time	Initials	Medication	Reason given/refused	Outcome	Time observed