

# Medication Administration Record

**Daily Medication Log for:**

**Date: (month & year):**

**Allergies:**

Hour	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	
Drug:																																
Dose:																																
Frequency Given:																																
Side Effects:																																
Reason for Use:																																
Special Instructions:																																
Physician:																																

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NOTE: If medications were not given at the care home, indicate why:  
 H=meds sent with resident for home visit  
 R=refused medication  
 D=dosc sent to day program  
 N=not at care home at time dose was needed

Staff Name: \_\_\_\_\_ Staff Initials: \_\_\_\_\_