

Medication Log												Notes																					
Individual Name:																																	
Month and Year:																																	
Known Allergies:																																	
Medication Name & Order	Time(s)	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	
Medication Name & Order	Time(s)	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	
Medication Name & Order	Time(s)	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	
Medication Name & Order	Time(s)	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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Staff Name:	Staff Initials
Staff Name:	Staff Initials
DCS Name:	DCS Signature:

- INITIALS** =ADMINISTERED
- R**= REFUSED
- W**= WORK
- S**=SCHOOL
- O**= Other

Individual Name:

Record medication not logged. For medication not logged, use the code in the box, including the dates, comments and explanations.

Date	Medication	Code	Comments/Explanations	Initials

	Signature	Initials	Notes