



## Medication Administration Record – revised 6/2018

Name of Youth \_\_\_\_\_ Month/Year \_\_\_\_\_

Instructions: Use one row for each medication (use additional rows if medication is administered more than three times per day). In Medication column, include medication product name, strength of med, date prescribed, dosage, how often taken, any special instructions and name of prescribing physician. If a medication dosage changes, start a new row. If a medication is refused or missed, circle initials and state reason. The administrator should initial each time the medication is dispensed, youth initials daily to indicate they received each dose. **Record all prescribed and non-prescribed medications dispensed – to include any creams (for acne, diaper rash, etc.).**

*\*EX: Log creams administered, inhaler used etc. If Doctor note says ex: “Tylenol as needed” and it is NOT needed, fill out med log and state “No Tylenol administered” w/correct date matching from doctors medical note. \*USE EXACT TIMES OF ADMINISTRATION-ex: “8am/8pm” recorded ongoing will be cited by the state! Use EXACT times to the minute.*

Medication		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Medication name & strength (Special Instructions)	AM (time)															
	Admin Initials															
	Youth Initials															
Dosage & Frequency	Midday (time)															
	Admin Initials															
	Youth Initials															
Prescribed by:	PM (time)															
	Admin Initials															
	Youth Initials															
Medication name & strength (Special Instructions)	AM (time)															
	Admin Initials															
	Youth Initials															
Dosage & Frequency	Midday (time)															
	Admin Initials															
	Youth Initials															
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Dosage & Frequency	Midday (time)															
	Admin Initials															
	Youth Initials															
Prescribed by:	PM (time)															
	Admin Initials															
	Youth Initials															

Are medications locked? Yes \_\_\_ No \_\_\_ If youth is under the age of 10 years and/or unable to initial, indicate here \_\_\_

Administrator's printed name and signature		
Administrator's printed name and signature		
Youths printed name and signature		



## Medication Administration Record – revised 6/2018

Name of Youth \_\_\_\_\_ Month/Year \_\_\_\_\_

Instructions: Use one row for each medication (use additional rows if medication is administered more than three times per day). In Medication column, include **medication product name, strength of med, date prescribed, dosage, how often taken, any special instructions and name of prescribing physician.** If a medication dosage changes, start a new row. If a medication is refused or missed, circle initials and state reason. The administrator should initial each time the medication is dispensed, youth initials daily to indicate they received each dose. **Record all prescribed and non-prescribed medications dispensed – to include any creams (for acne, diaper rash, etc.).**

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Medication		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Medication name & strength (Special Instructions)	AM (time)																
	Admin Initials																
	Youth Initials																
	Midday (time)																
Dosage & Frequency	Admin Initials																
	Youth Initials																
	PM (time)																
Prescribed by:	Admin Initials																
	Youth Initials																
Medication name & strength (Special Instructions)	AM (time)																
	Admin Initials																
	Youth Initials																
	Midday (time)																
Dosage & Frequency	Admin Initials																
	Youth Initials																
Prescribed by:	Admin Initials																
	Youth Initials																
Medication name & strength (Special Instructions)	AM (time)																
	Admin Initials																
	Youth Initials																
	Midday (time)																
Dosage & Frequency	Admin Initials																
	Youth Initials																
	PM (time)																
Prescribed by:	Admin Initials																
	Youth Initials																

Are medications locked? Yes \_\_\_ No \_\_\_ If youth is under the age of 10 years and/or unable to initial, indicate here \_\_\_

Administrator's printed name and signature \_\_\_\_\_

Administrator's printed name and signature \_\_\_\_\_

Youths printed name and signature \_\_\_\_\_