



Medication Administration Log

Name:

Date of Birth:

Month/Year:

Allergies:

Medication	Date	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
	Start:																																
	Stop:																																
	Start																																
	Stop																																
	Start																																
	Stop																																
	Start																																
	Stop																																
	Start																																
	Stop																																
	Start																																
	Stop																																

INSTRUCTIONS:

- A) Initial appropriate box when medication is taken.
B) Circle initials when medication is not taken.

- C) State reason for medicine not taken on back of form.
D) As needed (PRN) medications: Note reasons, results and who was informed on back of form.

COMMENTS:

AS NEEDED (PRN) AND MEDICATIONS NOT ADMINISTERED

Date	Hour	Initials	Medication	Reason	Result		Initials	Who Informed?
						1		
						2		
						3		
						4		
						5		
						6		
						7		
						8		
						9		
						10		
						11		
						12		
						13		
						14		
						15		
						16		
						17		
						18		
						19		
						20		
						21		
						22		
						23		
						24		

Adapted from the Medical Administration Form, San Diego Regional Center

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