Medication Administration Record

List Allergies/Common Side Effects/Precautions:

Month/Year: _____

Physician: _____

Medication/TX	Time	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_____ Transcriber Init _____																																
Side Effects Monitoring																																
Start_____ Stop_____ Transcriber Init _____																																
Side Effects Monitoring																																
Start_____ Stop_____ Transcriber Init _____																																
Side Effects Monitoring																																

Youth Name _____

DJJID # _____**DOB**_____

Facility _____

Diagnosis/Medical Grade _____

Med/MH Alerts _____

Signature Nurse/Staff	Initials	Print Name	Signature Nurse/Staff	Initials	Print Name