

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 _____		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
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Side Effects Monitoring																																		
Start _____ Stop _____ Transcriber Init _____		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
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Side Effects Monitoring																																		
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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