Medication Log

Client_____ Birth date___/___/___ Name of Facility_____

Class_____ From_____ To _____

(Start date of medication (End date)

Name of Representative_____ RepWork #_____ Rep Home #_____

Person with Prescriptive Authority _____

(name of health care provider prescribing the medication)

Name of Medication_____ Dosage_____Route_____Times_____

Length of time medication is to be given _____

Date	Time :	Comment	Initials	Date	Time :	Comment	Initials
mm/dd/yy				mm/dd/yy			

Signature	Initials	Date

- If the client is absent, (designate with an "A") or if for any reason, the medication is not given, (designate with "NG") indicate in the "comment" column.
- If NG, document the reason for not giving medication in the "comment" column

NEVADA YOUTH EMPOWERMENT PROJECT