



# Medication Administration Record (MAR)

Attention: To only be utilized for all non-psychotropic medications. Scheduled and PRN medications must be listed on the MAR  
**PRN Medication is defined as medication that is taken as needed.**

Month/Year: \_\_\_\_\_

Child's Name:	DOB:	Sex:	Allergies:
Resource Parent(s) Name:		CSW Name & Number:	
Physician Name & Phone Number:		Pharmacy Name & Number:	
Date and Description of Any Observed Side Effects (Please inform medical provider of all observed side effects):		<p><b>INSTRUCTIONS:</b> Record what time the above child takes the medication in the "Time Given" column. Initial each box on the specific day and time each medication was administered immediately AFTER medication is administered. Initial and then circle initials in any box when a medication is not given for any reason. <b>**A reason why medication was not given is required and must be noted on page 2**</b></p> <p><b>PRN Medications:</b> Initial each box on the specific day and time each PRN medication was administered immediately AFTER medication is administered. Reason PRN was given and results must be noted on page 2. <b>(PLEASE NOTE: PRN MUST BE LISTED ON PHYSICIAN'S REPORT OR CFS 125)</b></p>	

\*\* Anyone person who records initials in a box after administering a medication, must provide their signature and initials on PAGE 2\*\*

		DAYS OF MONTH																																					
		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							
<b>Prescription Information</b>	<b>Time Given</b>																																						
Name of Medication:																																							
Dosage Prescribed:																																							
Amount Prescribed:																																							
Date Medication filled:																																							
Prescription #:																																							
# Of remaining refills:																																							
Next Refill Date:																																							
Name of Medication:																																							
Dosage Prescribed:																																							
Amount Prescribed:																																							
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# Of remaining refills:																																							
Next Refill Date:																																							



**Documentation for Medication not given as Ordered and PRN Medication(s)**  
(SEE INSTRUCTIONS BELOW)

Date and time	List medication (If PRN, also complete PRN section)	Document Reason: Medication missed/not given for any reason, held as directed, refused OR why a PRN medication was given	PRN Section: for PRN Medications		Initials
			Date and time of results	Results of PRN medication	
<b>INSTRUCTIONS</b>			<b>Signature (must be provided by all persons who recorded initials on Page 1)</b>		<b>Initials</b>
<p><b>*Medications not given as ordered may include but not limited to the following:</b>            School (school nurse -administers), home visit (medication should be given to caretaker), missed medication, refusal of medication, medication held as directed by medical provider, wrong dose given, wrong medication given, medication given incorrectly e.g., wrong route.  <b>Document the date and time for each medication</b> that was not given as directed and clearly state the reason and any action taken. ASW should notified of all medication not given.  <b>PRN Medications:</b> Record name of the drug, the dose, time given and the <u>reason</u> it was given above. Don't forget to document the date, time and results.</p> <p>(ALL PRN MEDICATIONS ADMINISTERED MUST BE LISTED ON PHYSICIAN'S REPORT OR CFS 125)</p>					