

**ADOLESCENT & FAMILY GROWTH CENTER, INC.  
MEDICATION ADMINISTRATION RECORD**

MONTH & YEAR: \_\_\_\_\_

<b>Client Name:</b>	MAR Prepared By CM and Date:
D.O.B:	
Allergies:	
Case Manager Review 1: (Date and initial)	Case Manager Med Count at Review 1:
Case Manager Review 2: (Date and initial)	Case Manager Med Count at Review 2:

Prescribing Physician:

Med Count at Start of Month:

Med Count at End of Month:

Medication & dosage	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

Possible Side Effects:

Prescribing Physician:

Med Count at Start of Month:

Med Count at End of Month:

Medication & Dosage:	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

Possible Side Effects:

**\*Key: Initial = given as ordered   R = refuse   / = Not Applicable   X = medication discontinued or complete   O = Not Given (Med Error)**

Signature Verification- Name & Initials:


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**DOCUMENTATION OF MEDICATION ERROR**

Date of Error	Foster Parent or Staff Involved	Type of Error (see below)	Date and Time On-Call Notified	Date, Time, and Name of Pharmacist/ Physician Notified	Med Error Report Completed (CM initials and dates)

**Types of Medication Errors:**

- Wrong dose   -Wrong route   -Wrong time   -Wrong client   -Not given   -Client refusal   -Administered inconsistent with physician's order
- Administered without physician's order

**Documentation of Medication Disposal:** (To be filled out at HV)

Medication Name	Method of Disposal	# of Pills Disposed	Initials of CM	Initial of FP