

### Medication Log

Name: \_\_\_\_\_ Program and Date: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_

	S	M	T	W	TH	F	S	S	M	T	W	TH	F
B-Fast													
Mid-AM													
Lunch													
Mid-PM													
Dinner													
Evening													
Bedtime													

Staff: Please sign your name and initials below if you have given out medication at any time during the week. Also, you must initial each time you have given a medication.