

# Medication Administration Record (MAR)

Name:	Authorized to self-administer medications? Yes <input type="checkbox"/> No <input type="checkbox"/>
Month & Year	See back for PRN and refusal or error records

Medication/ dosage/route	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	

Print name of person administering medication:	Initial	Full Signature	<b>Known allergies or adverse reactions</b>

