

### Medication Administration Record (MAR) Template

<b>Center Name:</b>										<b>Month:</b>										<b>Year:</b>													
<b>Student Name:</b>										<b>Student ID Number:</b>										<b>DOB:</b>													
<b>Medication(s) Information:</b> <small>Drug Name &amp; Dosage Instruction</small>	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	
	<b>Prescribed Date:</b>																																
	<b>Rx Number:</b>																																
	<b>Prescribed Date:</b>																																
	<b>Rx Number:</b>																																
	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	
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	<b>Rx Number:</b>																																
	<b>Prescribed Date:</b>																																
	<b>Rx Number:</b>																																
<b>Nurse Name (Print)</b>	<b>Nurse Signature</b>						<b>Title</b>			<b>Initials</b>			<b>Nurse Name (Print)</b>						<b>Nurse Signature</b>			<b>Title</b>			<b>Initials</b>								

NOTE: This form is intended to be used by HWC staff for prescribed non-controlled medications and prescribed controlled substances. File this in the SHR monthly and include any other notes or case conferences for prescribed medications on the SF-600.