**Medication Administration Record (MAR) Template**

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| **Center Name:** | | | | | | | | | | **Month:** | | | | | | | | | | | | | | | | **Year:** | | | | | | | | | | | | | | |
| **Student Name:** | | | | | | | | | | **Student ID Number:** | | | | | | | | | | | | | | | | **DOB:** | | | | | | | | | | | | | | |
| **Medication(s) Information:**  **Drug Name & Dosage Instruction** | 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 |
| **Prescribed**  **Date:**  **Rx Number:** |  |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  |  |  |  |  | |  |  |
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| **Prescribed**  **Date:**  **Rx Number:** | 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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| **Prescribed**  **Date:**  **Rx Number:** | 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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| **Nurse Name (Print)** | **Nurse Signature** | | | | | | **Title** | | | | | | | **Initials** | | | **Nurse Name (Print)** | | | | | | | | **Nurse Signature** | | | | | | | **Title** | | | | | | **Initials** | | |
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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.