**Medication Observation Record (MOR)\* Template – Prescribed Non-Controlled Medications**

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| **Center Name:** | | | | | |
| **Student Name:** | | | **Student ID Number:** | | |
| **Medication(s) and Rx Numbers:** | | | **Dosing Instructions:** | | |
| **Important Notices:** | | | | | |
| **Date** | **Time** | **Student Signature** | | **Staff Signature** | **Staff Printed Name** |
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*\*Observation by certified unlicensed center personnel in accordance with medication laws*

NOTE: This form is intended to be used by designated non-medical staff for prescribed non-controlled medications doses observed when the HWC is closed. File this in the SHR and include any other notes for prescribed medications on the SF-600.