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

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

*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.