

Sample Medication Administration Record Log Form

This **medication administration record** log form is designed to accurately track and document the administration of medications. It ensures proper dosage, timing, and patient information are consistently recorded for safety and compliance. Using this form helps healthcare providers maintain precise and organized medication management.

Patient Information

Patient Name		Patient ID	
Date of Birth		Room/Bed	
Allergies			

Medication Administration Log

Date	Time	Medication Name	Dosage	Route	Initials	Comments

Signature Log

Initials	Name	Title/Role	Signature	Date

Note: Complete all applicable sections for each medication administered. Report any adverse reactions immediately and document in the comments section.