

Medication Administration Log

Patient Name: _____

Date of Birth: ____ / ____ / ____

Allergies: _____

Instructions: Use the table below to document the administration of each medication, including date, time, dosage, and initials of the administering staff member. This ensures compliance and enhances patient safety by recording essential administration details.

Date	Time	Medication Name	Dosage	Route	Reason	Administered By (Initials)	Comments

Easily downloadable and customizable. Suitable for use in any medical setting.