

Medication Administration Log Form

This **medication administration log form** sample features time slots for precise tracking of medication intake throughout the day. It helps caregivers ensure timely and accurate dosage, enhancing patient safety and compliance. The structured layout simplifies documentation and monitoring in healthcare settings.

Patient Name: _____
Date of Birth: _____
Date: _____

Medication Administration Log

Medication Name	Dosage	Route	Time Slots								Initials	Comments
			6:00 AM	8:00 AM	10:00 AM	12:00 PM	2:00 PM	4:00 PM	6:00 PM	8:00 PM		

Caregiver/Administrator's Signature: _____ **Date:** _____