MEDICATION ADMINISTRATION RECORD (MAR)
(FOR MEDICATIONS GIVEN ROUTINELY OR FOR A LIMITED TIME)

CHILD'S NAME: John Smith DOB: 1/22/13 ALLERGIES: Eggs

PARENT'S/GUARDIAN'S NAME: Mary Smith DOCTOR: D. Intercom TELEPHONE: 302-123-4567

MONTH AND YEAR:

MEDICATION INFO	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MEDICATION	8:30																						IL	PJ	IL	PJ	IL			IL		
NAME: Amoxicilian	12:30																						PJ	PJ	IL	IL	PJ			IL		
DOSAGE: 600mg																																
ROUTE: Oral																																
REASON: Ear Infection																																
START DATE: 1/22/2020																																
END DATE: 1/29/2020																																
SPECIAL INSTRUCTIONS: Give with Food																																

I, Mary Smith, the parent/guardian of the above listed child, give permission for the above medication to be administered.

Mary Smith
Signature

1/23/2020
Date

DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	DATE AND TIME PARENT/GUARDIAN INFORMED OF ERRORS OR ADVERSE EFFECTS
1/23/20	12:45 pm	John recieved medication at 12:45 because he was not ready to eat and the medication requires being taken with food.	Mom was called at 12:46 and notified.

NAME OF PERSON ADMINISTERING	INITIALS
Patty Jones	PJ
Ian Long	IJ

ROUTE OF ADMINISTRATION; SELECT ONE

ORAL *(BY MOUTH)*
EYE DROPS *(OPTIC)*
NOSE DROPS/SPRAY *(NASAL)*
EAR DROPS *(OTIC)*
TOPICAL *(ON SKIN)*
INHALATION *(NEBULIZER)*
INJECTON (*SYRINGE, PEN, OR ELECTRONIC INFUSION DEVICE*)
RECTAL