



Non-Prescription & Prescription Drug Administration Log

900 W Norfolk Ave. Ste 200
Norfolk, NE 68701
402-379-0270

Name: _____

Month/Year: _____

Check box if none given/taken

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
Prescribed By
Given By

Dose:

Route:

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
Prescribed By
Given By

Dose:

Route:

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
Prescribed By
Given By

Dose:

Route:

Youth's refusal: