

Medication Log

Full Name: _____

Address: _____

Date of Birth: _____

Phone Number: _____

Gender: _____

Date	Medication Name	Dosage	Time Administered	Observed By (Initials)	Notes/Comments

Medication Log Instructions

1. **Date:** Enter the date the medication is administered.
2. **Medication Name:** Write the full name of the medication.
3. **Dosage:** Specify the exact dosage the client takes.
4. **Time Administered:** Record the time the medication was administered.
5. **Observed By (Initials):** The initials of the person observing the medication administration.
6. **Notes/Comments:** Any relevant information about the medication administration, such as reactions, missed doses, or special instructions.

Consent and Acknowledgement

I acknowledge that the information provided above is accurate and complete to the best of my knowledge. I authorize Paramount Home Care Services, LLC to use this information to create and manage my medication plan.

Client Signature: _____ Date: _____

Caregiver/Agency Representative Signature: _____ Date: _____

This form is confidential and will be used solely for the purpose of providing personal care services and ensuring the client's medication needs are accurately documented and managed.