

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**MEDICATION LOG**

		RESIDENT'S NAME:						
		1	2	3	4	5	6	7
MEDICATION:								
TIME OF DAY:								
MONTH OF _____	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							

**Instructions:**

- A) Operators should list medications and the hour of the day they are required to be taken, across the top of the form.
- B) When the operator assists the residents to take the medication, the operator should initial under the appropriate time of day.