# Nonprescription/PRN (As Needed) Medication Log

*Adriel*

| Youth Name: | | | | Month of: |
|---|---|---|---|---|
| Initial | | Signature: | | |
| Initial | | Signature: | | |

### NON-PRESCRIPTION MEDICATIONS ADMINISTED:

| Date | Problem/Complaint | Medication Given: | Time Initial | Time Initial | Time Initial | Time Initial | Time Initial | Time Initial |
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### PRN(As Needed) MEDICATIONS ADMINISTERED:

**PRN Medication Order:**_____ **Order Date:**_____

**Doctor:**_____

| Date | Behavior | Medication | Dosage | Time Initial | Time Initial | Time Initial | Effective/Ineffective/ Adverse Reaction |
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