

A.F.C. RESIDENT MEDICATION RECORD
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Community and Health Systems

Medication Name And Instructions For Use	Time Of Day	Resident Name: _____ Month: _____ Year: _____																														
		DAY OF THE MONTH																														
		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 Name (Single Dose Only)	Time of Day	DAY OF THE MONTH																														
		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
Signature and Initials of Each Person Signing Initials Above																																
LARA is an equal opportunity employer/program.																AUTHORITY: 1979 PA 218 COMPLETION: Mandatory. Family Home and Group Home Rule Requirements PENALTY: Violation of Rule R 400.1418 (4) (a) Family Rules, R 400.14312 (4) or R 400.15312 (4) Group Home Rules																