



CHILDREN'S HOME OF YORK
77 Shoe House Road
York, PA 17406

PRESCRIPTION MEDICATION ADMINISTRATION RECORD

The person(s) dispensing medications should initial entry when medication is given.

Client Name: _____

Name of Medication: _____

Dose/Frequency: _____

MONTH: _____ YEAR: _____

Date	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
Initials																															
Time																															

Name of person dispensing medications (Printed): _____