**Appendix 7**

**CHILD’S MEDICATION STOCK RECORD**

………………………………….Children’s Home

Child’s Name ………………….…… D.O.B……………………….……

GP………………………………..…… D.O.A.……………………….……

Allergies …………………….…… NHS Number………………….……

Below is a list of all medication, prescribed or purchased which is held in the medical cabinet or medicines fridge for this Child.

Staff should be aware that there can be risks in combining different types of medication. When giving out more than one medication to a Child in the same day, please read the instructions **on mixing.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of medication | Date medication into the Home | Date medication removed from the Home | Monitoring / Audit comments |
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