**Appendix 6**

**MEDICAL CABINET STOCK CONTROL SHEET**

…………………………..Children’s Home

This is a record of the content of the medical cabinet and medicines fridge. Please enter any medicine supplies prescribed or purchased for the Children resident in the Home.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of item** | **Expiry date** | **For use by****i.e. YP (initials)****or the Home** | **Date received** | **Signature**  | **Date removed from stock** | **Signature** | **Method of disposal****i.e. course completed/pharmacy** |
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