**Appendix 8**

 **RECORD OF CHILD’S PRESCRIBED MEDICATION**

……………………………………. Children’s Home

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

GP………………………………..…… D.O.A.……………………….……

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

|  |  |
| --- | --- |
| **Name of Medication** |  |
| **Reason for Medication** |  |
| **Quantity received** |  |
| **Dose to be taken** |  |
| **Expiry date of Medication** |  |
| **Any other instructions** |  |
|  |  |
| **Date Medication stopped** |  |
| **Reason** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Dose given** | **Amount remaining** | **Reason for Refusal / soiled etc. (Comment)** | **Signature (s)** |
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