

The right young person: The right medication: The right dose: The right method: The right time

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Medical Record

Child's first name
Service user number

Time + Date	Medication + Dosage	Prescribed + By whom	PR N	How administered	By Whom (self-medicated)	Signed + Dated
1 st Jan 1950 2-00pm or 1400hrs Note if a dose is missed	Name of medicine Dosage 2x 50mg tablets 1x5ml spoon (use measure spoon not teaspoon)	Yes or No Name of GP Pharmacist Nurse Other	Yes Or No	For example: - Orally Injection External application With food	Did the child take it him/herself . Who measured it	Foster carer Or competent child Or temporary carer 1 st Jan1950

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