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| **Kilburn Grange School**  **Temporary Medicine Form** | | | | | |
| **Name of child:** | |  | | | |
| **Class:** | |  | | | |
| **Date medicine received:** | |  | | | |
| **Date medicine returned:** | |  | | | |
| **Type of medicine (including name):** | |  | | | |
| **Date medicine was prescribed:** | |  | | | |
| **Expiry date:** | |  | | | |
| **Reason GP prescribed medication:** | |  | | | |
| **Dose and frequency of medicine:** | |  | | | |
| **Parent/Carer name and phone number:** | |  | | | |
| **Parent signature:** | |  | | | |
| **Record of Medicine Administration** | | | | | |
| **Date** | **Time** | | **Dose** | **Any reactions** | **Staff Member Name** |
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