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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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