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| **Other Medicines Administered form – please complete all boxes and file in accident slips awaiting signing** | | | | |
| **Childs’s Name** |  | **DOB** |  | **Parents to complete** |
| **Name of Medication Given** |  | **Dosage Given** (e.g. 5mls, 10mls) |  | Parent / Carers Name (print) |
| Date medication given |  | Time medication given |  |
| Name of person who administered medication |  | Signature of person who administered medication |  | Parent / Carers Signature |
| Name of person witnessing medication administered |  | Signature of person witnessing medication administered |  | Date and Time |
| Date Medication returned to Parent/Carer |

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