**Stock Record for Long Term Medication in School/Setting**

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| **Name of child** |  | **Date of birth** |  |
| **Name of medication** |  | **Dose of medication** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Number of tablets received into school** | **Number of tablets sent home from school/setting** | **Name of person receiving supply (e.g. parent/staff member)** | **Balance of medication in school/setting** | **Signature** |
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