 Education & Children’s Services

**NON-PRESCRIBED MEDICATION**

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**NON-PRESCRIBED MEDICATION SHEET FOR:**

**Name: Date of Birth:**

**Address: Phone Number:**

**GP Name:**

**GP Address: GP Phone Number:**

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| --- |
| Detail here any allergies, reactions to specific forms of medication or special precautions which need to be taken: |

Record overleaf details of any non-prescribed medication administered (eg Paracetemol, Milk of Magnesia, Cough Linctus)

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| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Medication Administered** | **Reason** | **Signature** |
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