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| Child’s name  |  | Child’s date of birth |  |
| Children’s Home  |  | Address of community pharmacy receiving medication for disposal  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Name of medication | Form of medicationie. liquid/tablet | Strength of medication | Quantity | Name of residential staff disposing of medication | Signature | Name of pharmacy staff receiving medication for disposal | Signature |
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