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| --- | --- | --- | --- |
| Name of child: |  | Children’s home: |  |
| Date of birth: |  | Date: |  |
| Child’s Keyworker: |  | Date to be reviewed: |  |
| Date of last CLA medical: |  | Current weight: |  |

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| --- | --- | --- |
| **Known allergies:** |  | **Any Controlled Drugs:** |
|  |  |  |

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| **Current prescribed medication taken on a regular basis** | | | | |
| **Name** | **Dose** | **Time** | **Route** | **Reason** |
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| **Current prescribed medication taken on a PRN / ‘as needed’ basis \*** | | | | |
| **Name** | **Dose** | **Time** | **Route** | **Reason** |
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\* Please see separate Written Plan for each PRN medication

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| --- | --- | --- | --- | --- |
| **Current Non-Prescribed / Homely Remedies /Over The Counter Medicines** | | | | |
| **Name** | **Dose** | **Date** | **Route** | **Reason** |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Signature |  | Role |  | Date |  |
| Name |  | Signature |  | Role |  | Date |  |
| Name |  | Signature |  | Role |  | Date |  |
| Name |  | Signature |  | Role |  | Date |  |