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**Asthma - Record of Medicine Administration**

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| Child’s Name |  |
| Date medicine provided by parent |  |
| Class/Year Group |  |
| Name of medicine |  |
| Spacer required/included |  |
| Expiry date |  |
| Dose and frequency of medicine |  |

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| **Date** |  | **Date** |  |
| **Time given** |  | **Time given** |  |
| **Dose given** |  | **Dose given** |  |
| **Name of staff**  |  | **Name of staff**  |  |
| **Staff signature** |  | **Staff signature** |  |

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| **Date** |  | **Date** |  |
| **Time given** |  | **Time given** |  |
| **Dose given** |  | **Dose given** |  |
| **Name of staff**  |  | **Name of staff**  |  |
| **Staff signature** |  | **Staff signature** |  |

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| **Name of staff**  |  | **Name of staff**  |  |
| **Staff signature** |  | **Staff signature** |  |

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| **Name of staff**  |  | **Name of staff**  |  |
| **Staff signature** |  | **Staff signature** |  |

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| **Name of staff**  |  | **Name of staff**  |  |
| **Staff signature** |  | **Staff signature** |  |

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| **Name of staff**  |  | **Name of staff**  |  |
| **Staff signature** |  | **Staff signature** |  |

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| **Dose given** |  | **Dose given** |  |
| **Name of staff**  |  | **Name of staff**  |  |
| **Staff signature** |  | **Staff signature** |  |