**Dokumentation Medikamentengabe: \_**\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**Jahr / Monat**

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| **Name, Vorname des Kindes:** | **Geburtsdatum des Kindes:** |
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| **Name / Träger der Kindertageseinrichtung:** | |
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| Zuständige Fachkraft: | Unterschrift / Kürzel: |
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| Stellvertretung: | Unterschrift / Kürzel: |
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| **Tag** | **Medikament 1:** | | | **Medikament 2:** | | | **Unterschrift /**  **Kürzel** |
| Morgens/  Uhrzeit | Mittags/  Uhrzeit | Nachm./  Uhrzeit | Morgens/  Uhrzeit | Mittags/  Uhrzeit | Nachm./  Uhrzeit |
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| Besondere Vorkommnisse (mit Namenskürzel): | | | | | | | |
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