**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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