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| **Centro y localidad:** |  | **Fechas de asistencia:** | Del DD/MM/AAAA al DD/MM/AAAA. |

**REGISTRO DE ADMINISTRACIÓN DE MEDICINAS DE POR SI ACASO**

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| **NOMBRE Y APELLIDOS** | **MEDICAMENTO** | **ADMINISTRACIÓN** | | | **DOLENCIA/ENFERMEDAD** | **OBSERVACIONES** |
| **MAÑANA** | **TARDE** | **NOCHE** |
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*(Rellenad tantas hojas como sean necesarias, para completar los alumnos que traigan medicinas)*