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| **Gestion des médicament** |

**ORMULAIRE POU**

 **MÉD**

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| **Activité :** |  | **Nom du jeune** |  |

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| **Date** | **heure** | **médicament** | **dose** | **remarque** | **donné par** | **témoin** |
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| **Remarque** |  |  |  |  |  |  |
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**Une copie aux parents et une pour vos dossiers.**