

Medication Administration Permission

学生用药批准书

The school Health Office personnel are available to administer personal medication to your child during the school day. Please complete this instruction form and return it along with the medicine to the National Advisor.

如您的孩子在校期间需要服药，校医务室的工作人员将非常乐意协助孩子。请您填写以下表格，并与药品一并交给孩子中方导师。

Name of student: _____
学生姓名

Grade: _____
年级

Allergies to any medicines: _____
过敏药物

List any other medicines currently taking: _____
请列出当前正在服用的其他药品

Medication Name: _____
药品名称

Reason for medicine: _____
服药原因

Dosage/Amount: _____
剂量

How often/frequency: _____
服药时间

Refrigerate: No Yes
是否需冷藏 不需要 需要

Exact day(s) to be given: _____
具体服药天数

Return medicine to home (date): _____
何时将药品返还家长(日期)

If available, please attach or write doctor's orders: _____
如有医生处方，请随表格附上，或在此写下

Parent signature: _____ Date _____
家长签名及日期