

Morrison Academy Request for Medication Administration
馬禮遜學校 申請協助學生服藥表

Student Name 學生姓名: _____ Grade 年級: _____
Date of Birth 出生日期: ___/___/___ (月/日/年)
Name of Parent/Guardian 家長/監護人姓名: _____
Emergency Contact Number 緊急連絡電話: _____

Allergies to any medication 任何藥物過敏史? Yes 是____ No 否__
If yes, please list (如是, 請詳列說明):

Reason for which medication is prescribed 服藥原因說明:

Name of Medication, dosage, type: (i.e. tablets, powder, liquid) and Instructions for administration
使用藥物名稱、劑量、型式(例如: 錠劑、粉末、液體、吸入劑等)、和使用方式

1. _____
2. _____
3. _____
4. _____

Time for medication to be given: (please circle) 請勾選藥物使用時間
 Before Lunch 午餐前 After Lunch 午餐後 Specific time: _____

Medication Start/ End Date 藥物使用起止日期:
From ___/___/___ (月/日/年) To ___/___/___ (月/日/年)
(Long term medications need this permission slip and a signed note from the prescribing physician.)

Precautions or possible side effects
服藥注意事項或可能的副作用:

Signature of parent/guardian :
家長/監護人簽名 _____

Date 日期: _____

Approved by: