

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: _____

I give permission for the school nurse to administer the following prescribed medication to my child. (Please see physician printout)

Parent/Guardian signature

家長/監護人簽名 : _____

Date 日期: _____

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:

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

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.

Approved by: