

**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: