



Morrison Medication Administration Form

學生在校服藥說明

*Please complete the form. Bring form and medication to the front desk at the beginning of the school day. 請填妥單子早上到校後就把藥和單子一起交到辦公室

Child's Name姓名: _____ Birthdate生日: _____ Grade年級: _____

Medication 藥名	Times to be given 何時給藥	Dose 劑量	Route 用藥方式	Start Date 何日開始	End Date 何日結束

Purpose of medication服藥目的:

Special Instructions特別指示:

Side effects that need to be reported需要報告的副作用:

Should we keep this medication at school or return at the end of the day? 把要留在

學校或放學時帶回家? Keep留在學校 _____ Return帶回家 _____

Parent Signature家長簽名: _____ Date日期: _____

For office staff only 辦公室人員專用

Received

by: _____ Date: _____