新北市馬禮遜美國學校
MORRISON ACADEMY
TAIPEI

Journeying beyond knowledge to wisdom
始於知識，臻於智慧

Morrison Medication Administration Form
學生在校用藥申請
*Parents - please complete this form and bring medication to the office.
請家長填寫完畢後連同藥品一併交至辦公室。

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

Medication 藥名	Times to be given 投藥時間/時段	Dose 劑量	Topical/ Oral 投藥方式	Start Date 開始日期	End Date 停藥日期
	Before / after lunch (circle one)				
	Before / after lunch (circle one)				
	Other: _____				

Purpose of medication 用藥原因:

_____

Special Instructions 注意事項:

_____

_____

Side effects that need to be reported 列舉可能影響學生在校學習之副作用:

_____

Keep this medicine at school or send home (student's responsibility) at the end of the day?

放學後此藥品留置學校或帶回家？

Keep at School 留校 ____   Send Home 帶回家 ____ (由學生放學後主動領回)

Parent Signature家長簽名:_____   Date日期:_____

_____

For office staff only 辦公室人員專用

Received by:_____Date:_____