



# Morrison Medication Administration Form

## 學生在校用藥申請

Please fill out this form completely and attach the doctor's prescription sheet to it.

(We are not authorized to administer Chinese or herbal medicine.)

請家長填妥表格後連同藥品一併交到保健室（學校無法協助學生服用中藥）

**Student's Name** 姓名: \_\_\_\_\_ **Birth Date** 生日: \_\_\_\_\_ **Grade** 年級: \_\_\_\_\_

Reason for which medication is prescribed 用藥原因:

Time to be given 服藥時間: \_\_\_\_\_ Before Lunch 午餐前 \_\_\_\_\_ After Lunch 午餐後

Please list any medications that are topical instead of oral 請列出非口服的外用藥:

If there is a liquid medication, how many cc is prescribed? 若為液體藥品, 劑量是多少 \_\_\_\_\_ cc/mL

Medication Start and End Date 服藥起始日期:

From 從 \_\_\_/\_\_\_/\_\_\_ to 到 \_\_\_/\_\_\_/\_\_\_

**Allergies** to any medications: (list any medications and the accompanying reaction)

過敏藥品 (請列出藥品名稱和過敏反應)

\_\_\_\_\_ None 無

If your child is currently taking any other **daily medication**, please list them here:

若您的孩子目前每天固定服用其他藥品, 請列出藥品名稱:

Are there any **special instructions** for this medication? (ie: needs refrigeration)

此藥品有特別注意事項嗎? (例如: 需冷藏)

Should we keep this medication at school or will you pick it up after school?

放學後此藥品留置學校或帶回家?

\_\_\_\_\_ Keep at school 留置學校

\_\_\_\_\_ Pick up after school 帶回家

I give permission to administer benadryl or other emergency medications as needed for any **allergic reaction** to the

medication. 我同意校方在發生藥物過敏反應時, 給予急救藥品做緊急處理: \_\_\_\_\_ Yes 是 \_\_\_\_\_ No 否

**I give permission for the school to administer the prescribed medication to my child.**

(Medications need to be listed in physician printout of prescription)

我同意校方根據以下處方明細協助我的孩子服用藥品 (請附上醫療人員開立之處方簽)

Parent's Name 家長姓名: \_\_\_\_\_

Parent's cell phone number 家長手機號碼: \_\_\_\_\_

Parent Signature 家長簽名: \_\_\_\_\_

Date 日期: \_\_\_\_\_

For office staff only 辦公室職員專用 Approved by Health Coordinator 校護簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_