



# Medication Request Forms 服藥委託單



If your child brings medicine to the school, please fill out this form and send it along with the medication to the teachers/school nurse. The nurse can assist and watch your child take the medicine. Please note that teachers and teacher assistants are not authorized to administer any form of medication and students are not allowed to administer their own medication.

如您的小孩有在校服藥之需求, 請填寫此委託單後與藥品一同送至導師或保健室. 校護將依照此委託單內容協助您的小孩服藥. 老師與助教無權幫助孩子服任何形式的藥物, 學生也不該自行服藥。

AST will not provide any assistance to your child without the form completed and signed by the parents. 如未填妥此藥單, 學校將不能協助學生服藥.

Student Name 學生姓名		Grade 年級	Parent Signature 家長簽名
Date 日期 MM DD 20	Medication Administration Time 服藥時間:		Form 種類 / Dosage 劑量:
Reason for medication: 服藥原因/症狀:	<input type="checkbox"/> Morning 上午 <input type="checkbox"/> Lunch 中午 <input type="checkbox"/> Others 其它 _____ <input type="checkbox"/> Before meal 飯前 <input type="checkbox"/> After meal 飯後		<input type="checkbox"/> Powder 藥粉: _____ pack <input type="checkbox"/> Syrup 藥水: _____ ml <input type="checkbox"/> Tablets 藥丸: _____ tablets <input type="checkbox"/> Others 其它: _____
Notes/ Comments 註記/ 特別注意事項			

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