



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: _____

Name of medication 藥品名稱: _____

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: _____