



**THE BRITISH SCHOOL  
OF GUANGZHOU**

A NORD ANGLIA EDUCATION SCHOOL

Dear Parents,

尊敬的家长，

If you would like the school nurse to administer medicines to your child whilst at school, please complete the following information then sign and return it to school along with the medicine.

如您的孩子在校内需要学校护士协助服用自带的药物，请您填写以下表格，签名后与药物一起带来学校。

**Student Information (学生信息)**

Name(姓名)	Class (班级)	Age (年龄)	Diagnosis/Symptoms(诊断/主要症状)

**Medicine(s) (药物用法说明)**

Name of medicine(s) (药名)	Route of medicine(s)(Oral/Topical...) (用法:口服/外用.....)	Dosage of medicine(s) (用量)	Time of administration (服用时间)	Duration of medication (Dates)(用药天数)

Starting Date 用药开始日期: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Signature 签名: \_\_\_\_\_