



Dear Parents,

尊敬的家长，

If you would like the school nurse to administer medicines to your child whilst at school can you please complete the following information, sign and return it to school with the medicines. Kindly note that any medicine that is expired and is within our care, we will have to dispose of this in timely manner. Please ensure that at the end of the school year, any medicine that is kept at school to administer for your child is directly collected from the nurses; any medicine that has not been collected by the end of the year, will have to be disposed off due to 'health and safety' reasons.

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。敬请留意：我们会按规定定期处理掉任何存放在护士室的过期药品，所以请确保每学年末到护士室领回存放在护士室的自带药物。出于健康和安全原因，我们将在每学年末，处理没被领回的自备药。

Student Information (学生信息)

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

Instruction of 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: \_\_\_\_\_

Thank you 谢谢.