

## Consent for Medication Administration

It is the Leman International School policy to secure your consent for medication distribution and for the use of medical device(s). The medication or medical device(s) can be self-administered or be administered by a staff member. All medication must be in a medicine bottle and labeled with the student's name, doctor's name and phone number, medication name and dosage. You must also complete the form below:

I want the following medication or medical device(s) self-administered. 自己服药

I want the following medication or medical device(s) administered by a member of the staff. 学校老师或护士给药

_____	_____
<b>Name of Medication 药名</b>	<b>Sickness details 病情</b>
_____	_____
<b>Dosage to be taken 剂量</b>	<b>How to be Administered&amp; Time(s) of Day to be Taken</b>
	服药方式和时间
_____	_____
<b>M T W TH F</b>	_____
<b>Circle Day(s) to be Taken</b>	<b>Special Instruction/Side Effects/Comments 备注信息</b>
圈出服药周期	

### PARENT'S STATEMENT REGARDING HEALTH

I understand and agree that by signing this form, I am consenting to the administration of medication as described above, I am also completing and assuring that the health information previously provided on the Student Medical Form is accurate.

学生姓名 **Name of Student:** \_\_\_\_\_

年级 **Grade of Student:** \_\_\_\_\_

家长签字 **Parent/Guardian Signature:** \_\_\_\_\_

家长电话 **Parent phone number:** \_\_\_\_\_

日期 **Date:** \_\_\_\_\_