



LÉMAN INTERNATIONAL SCHOOL

CHENGDU

Medical Form

Consent for Medication Administration

It is the Lemman International School policy to secure your consent for medication distribution and for the use of medical device. The medication or medical device(s) can be self-administered or be administered by an advisor. 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.

☐ I want the following medication or medical device(s) administered by an advisor.

Name of Medication

Name/Address/Phone Number of Prescribing Doctor

Dosage to be taken

How to be Administered

Time(s) of day to be taken

Day(s) to be taken

Special Instruction/Side Effects/Comments

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, if completed, and I am assuring that the health information previously provided on the student registration form is accurate.

Name of Student: _____

Parent/Guardian Signature: _____

Date: _____