Dear Parent/Guardian 尊敬的家长/监护人，

Whenever possible medication should be administered at home. However, if you would like any member of the school’s staff or nurses to administer medicine to your child, please complete this form and return it to school **with a doctor’s note** and the required medicine with clear instructions for its use. Medication can only be administered in amounts according to label instructions as prescribed by the doctor and should be in original containers displaying the dosage amount, labeled with the child’s name and with directions to administer the medication. Please note that we will not be allowed to administer any medication that is in a container that displays an expired date. Due to Health & Safety regulations all medicine left in school past the last day of the academic year (usually 30th June) or it’s expiry date will be disposed of immediately by our staff without consultation with you.

您应尽可能在家中给药，但是，如果您希望学校的任何工作人员或护士为您的孩子给药，请填写此表格并将其与医生证明和所需药物以及明确的使用说明一起返回学校。药物只能根据医生规定的标签说明按剂量给药，并且应装在显示剂量的原始容器中，标有孩子的名字和给药说明。请注意，我们将不被允许使用显示过期日期的容器中的任何药物。由于健康与安全规定，所有在学年最后一天（通常是6月30日）之后留在学校的药品或过期日期，将由我们的工作人员立即处理，无需与您再次协商。

*Note: Should your child have any allergies that might require administration of epinephrine by auto-injection (EpiPen), please see Section 3 of this form that also must be completed by parent/guardians. Please ensure to fill in the information below also as relevant.*

请注意：如果您的孩子有任何可能需要通过自动注射（EpiPen）注射肾上腺素的过敏症，请参阅本表格的第3部分，该部分也必须由家长/监护人填写。请确保填写以下相关信息。

Student Information（学生信息）

|  |  |  |
| --- | --- | --- |
| Student Name (姓名) | Class（班级） | Age（年龄） |
|  |  |  |
| Diagnosis/Symptoms (诊断/主要症状): | | |

Administration Instructions (药物用法说明)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Medicine  (药名) | How to Administer  (Oral/Topical, etc.)  （用法:口服/外用……） | Dosage  （用量） | Time of Administration  （服用时间） | Duration of Administration (Dates)(用药天数) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Date of medication returned to parents: 药物返回日期：  Nurses to make a note if parents did not collect medication and note down date of disposal (end of school year or if medicine has expired): 如果父母没有领取药物，护士应做记录并记下处置药物的日期（学年结束或药物已过期）： | | | | |

By signing below, I agree to the above terms and release the school’s employees from all liability from reactions which my child may suffer from this medication. Furthermore, I take full responsibility for any and all outcomes deriving this request.

通过下面的签名，我同意上述条款并免除学校员工对我的孩子可能因这种药物而产生的反应的所有责任。 此外，我对由此产生的任何和所有结果承担全部责任。

Parent/Guardian Signature (家长/监护人签名) ………………………………………………...

Today’s Date (签名日期) …../…../…… Review/End Date (复核/结束日期)…../…../…….

**Please attach a full doctor’s note or complete Section 2 below.**

请随信附上完整的医生诊断说明（病历）或填写以下 『章节2』之内容

**Section 2** 章节2

In the absence of a full doctor’s note, this section must be completed by the child’s parent or guardian before any medicine can be administered by school staff.

若未能提供完整的医生诊断说明（病历），或出于各方面原因考虑，若我校员工或相关人员提出要求， 以下内容必须由学生家长或监护人填写并交回学校后，学生方可在我校员工协助及监督下服用自带药物。

Name of Prescribing Doctor/Hospital (主治医生姓名及医院名称)

………………………………………………………………………………………………………..

I, INSERT YOUR NAME, acknowledge that I have been asked by the British School of Guangzhou to provide a doctor’s note for the administration of the medicine listed above but am unable to do so. This statement clearly acknowledges that I have requested and give consent for my child, INSERT CHILD’s NAME, to receive this medicine from BSG school staff/nurses as noted above. Furthermore, I take full responsibility for any and all outcomes deriving this request.

中文翻译:本人\_\_\_\_\_\_\_\_\_\_\_\_(您的姓名)，知悉依广州英国学校之要求需提供医生诊断说明（病历）以说明上述药物的使用方法及注意事项，但本人未能按要求提供。特此声明本人明确并承认：本人要求并同意由广州英国学校员工/护士协助我的孩子\_\_\_\_\_\_\_\_\_\_\_\_\_(孩子全名)服用以上表格所提及的自带药物。与此同时，本人对由此要求所带来的一切结果承担全部责任。)

By signing below, I agree to the above terms and release the school’s employees from all liability from reactions which my child may suffer from this medication.

通过在下面签名，我同意上述条款并免除学校员工对我的孩子可能因这种药物而产生的反应的所有责任。 此外，我对由此请求产生的任何和所有结果承担全部责任。

Parent/Guardian Signature (家长/监护人签名) ………………………………………………...

Today’s Date (签名日期) …../…../…… Review/End Date (复核/结束日期)…../…../…….

**Section 3: Parent/Guardian Consent form for the use of emergency administration of epinephrine (EpiPen).**

章节3：使用紧急肾上腺素 (EpiPen) 的家长/监护人同意书

**For a child showing symptoms of anaphylaxis**

I confirm that my child, INSERT CHILD’s NAME, has been diagnosed with an allergy which could cause anaphylaxis and has been prescribed an adrenaline auto-injector (EpiPen). My child has a working, in-date adrenaline auto-injector (EpiPen), clearly labelled with their name.

Please note that it will be the responsibility of the parent/guardian to provide the school with appropriate devices/medication, including an EpiPen.

*Note: With consultation with our school/nurse team (and dependent on the age of the child), it will be decided if the child will be able to carry their own EpiPen at school or if it is advisable for school staff to keep this device as part of our emergency medication and ensure it is available to the student throughout their day, including on the school bus. This will need to be discussed with the school nurse team to make suitable arrangements.*

I give permission to allow the administration of epinephrine by auto-injection (EpiPen) by the school nurse or, in the absence of the school nurse, by an unlicensed member of the school staff who has been provided instructions on the use of the EpiPen and delegated by the school nurse. I also allow the school nurse to share appropriate information about the student’s medical condition with relevant staff.

对于出现过敏反应症状的儿童

我确认我的孩子，\_\_\_\_\_\_\_\_\_\_\_\_，已被诊断出患有可能导致过敏反应的过敏症，并已开具肾上腺素自动注射器 (EpiPen)。我的孩子有一个正常工作的、最新的肾上腺素自动注射器 (EpiPen)，清楚地标有他们的名字。

请注意，家长/监护人有责任向学校提供适当的设备/药物，包括 EpiPen。

注意：与我们的学校/护士团队协商（并取决于孩子的年龄），将决定孩子是否能够在学校携带自己的 EpiPen 或者是否建议学校工作人员保留此设备作为我们紧急药物的一部分，并确保学生全天都可以使用，包括在校车上。这将需要与学校护士团队讨论，以做出适当的安排。

我同意允许学校护士通过自动注射 (EpiPen) 注射肾上腺素，或者在学校护士不在的情况下，在学校护士委派的情况下由已获得使用 EpiPen 说明的无执照学校工作人员注射肾上腺素，我还允许学校护士与相关工作人员分享有关学生健康状况的适当信息。

By signing below, I agree to release the school’s employees from all liability from reactions which my child may suffer from this medication. Furthermore, I take full responsibility for any and all outcomes deriving this request.

通过在下面签名，我同意上述条款并免除学校员工对我的孩子可能因这种药物而产生的反应的所有责任。 此外，我对由此请求产生的任何和所有结果承担全部责任。

Parent/Guardian Signature (家长/监护人签名) ………………………………………………...

Today’s Date (签名日期) …../…../…… Review/End Date (复核/结束日期)…../…../…….