Dear Parent/Guardian 尊敬的家长/监护人，

If you would like any member of the school’s staff to administer medicine to your child, please complete this form and return it to school **with a doctor’s note** and the required medicine, noting that 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.

您孩子在校内如需学校员工或护士协助及监督服用自带药物，请您完整填写以下表格，签名后与药物及**医生诊断说明（病历）**一起带回学校。请知悉，根据***健康与安全管理规定***，我们将于学年结束当天立即处理掉所有过期药物及留在校内未被领回的自备药物。

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) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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 or if requested by staff/representatives of the British School of Guangzhou school for any reason, 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。)

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)…../…../…….