SCHOOL OF THE NATIONS
聯國學校

MEDICINE TAKING FORM 服藥單

Name of Student / 學生姓名: _____

Age / 年齡: _____ Class / 班級: _____

Type of illness / 病症: _____

Name of Medicine 藥物名稱	Dosage 服藥劑量	Times per day 每日服藥次數
1		
2.		
3.		

Medicine taking time / 委托服藥時間: _____

Emergency Contact Number / 緊急聯絡電話: _____

Any other remark / 其他備註內容: _____

Note: The school will administer medication to students and monitor their usage based on the doctor's prescription provided by parents or guardians.

註: 學校謹根據家長或監護人提供的醫生處方向學生發藥及視察學生用藥過程。

I will not hold the school responsible if there is any adverse reaction after taking the medicine by my abovenamed child/ward.

聲明: 如以上學生服藥後出現任何不良反應, 學校都將不需要承擔任何責任。

_____ _____/_____/_____

Signature of the Parent/Guardian DD 日 / MM 月 / YEAR 年)

家長/監護人簽名