



'Authorisation for the Administration of Medication' form.

Request for School Nurse to administer medicine to a child recovering from illness. Please note that no child should be in school if suffering a contagious illness. A list of contagious illnesses is available on request.

Name of child _____ Class _____

Details of Medicine to be administered to the child.

Parents/Guardians please fill in this part in English

Type of medicine and Dosage (packs/ml etc.) _____

Drug's performance _____

Time to be administered _____

Start date / End date _____

Your phone number _____

Parent's signature _____

MIS will not be able to administer medicine to any child until the doctor who prescribed the medicine has signed the form below.

I confirm that the disease has no risk to be infected but the child needs to continue taking the medicine above for a while.

この病気は感染する恐れはありませんが、しばらく上記の服薬を継続する必要があります。

Date:

Hospital _____ Signed _____

(Family Doctor)

Head of School Use

School Nurse Use
