

Student's Name 學生姓名: \_\_\_\_\_ Date of Birth 出生日期: \_\_\_\_\_ Grade 班級: \_\_\_\_\_

## MEDICATION CONSENT FORM 藥物服用同意書

Name of medication: \_\_\_\_\_

### Check one:

- Prescription:  
 Oral/Non-Prescription:  
 Unanticipated Non-Prescription for mild symptoms  
 Topical Non-Prescription (**applied to open wound/ broken skin**)

### Check one:

- My child **has** previously taken this medication.  
 My child **has not** previously taken this medication, but this is an emergency medication and I give permission for KKCS staff to give this medication to my child in accordance with his/her individual health care plan.

Dosage: \_\_\_\_\_

Date(s) medication to be given: \_\_\_\_\_

Times medication to be given: \_\_\_\_\_

Reasons for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

Name and phone number of the prescribing health care practitioner: \_\_\_\_\_

Child's Health Care Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for KKCS staff to administer medication as indicated above to my child.  
本人允許廣教學校的教職員給我的孩子服用上述之藥物。

Parent/Guardian Signature 家長/監護人簽名 \_\_\_\_\_

Date 日期 \_\_\_\_\_

Parent/ Guardian Name 家長/監護人姓名 \_\_\_\_\_

For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)