

機場幼兒園

兒童服藥委託書

兒童姓名：_____ 班別：_____

服藥原因：傷風 感冒 咳嗽 發燒 敏感 喉嚨發炎 其他：_____

服藥時間表：

次數	時間	✓出服藥時間	藥水/藥丸/藥膏數量			護士簽署
1	回校前	請家長自行 餵食	-----	-----	-----	-----
2	正午 12時		____瓶/包 藥水/藥丸			
			藥名：_____	藥名：_____	藥名：_____	
			劑量：_____	劑量：_____	劑量：_____	
			____盒藥膏 藥名：_____ 其他：_____			
3	下午 4時		____瓶/包 藥水/藥丸			
			藥名：_____	藥名：_____	藥名：_____	
			劑量：_____	劑量：_____	劑量：_____	
			____盒藥膏 藥名：_____ 其他：_____			

藥水共_____瓶，需存放雪櫃_____瓶；藥丸共_____包；
藥膏共_____支/盒；其他（請註明）：_____

備註：

7. 本園祇接受由註冊西醫處方之藥物，並祇依據容器上之指示餵藥，故家長須寫清楚兒童之中文姓名於其上，以確保無誤。
8. **每隔 4 小時服食一次之藥物，本校將安排於正午 12 時及下午 4 時餵藥，而每隔 6 小時服食一次之藥物，則只安排於下午 4 時餵藥，請家長於早上自行調節餵服藥物之時間。

本人了解餵兒童服藥乃家長之責任，故兒童服藥後如有不良反應，貴幼兒園不須負任何責任。

家長姓名：_____ 簽名：_____

日期：_____ / _____ / _____

Airport Preschool

Authorization of Taking Medicine

Name of Child : _____ Class : _____

Reason of taking medicine: cold flu cough fever allergy sore throat others: _____

Time of taking medicine:

Frequency	Time	Please ✓ the time of taking medicine	Number of syrup / tablets / ointments			Nurse's signature
1	At home		Parent should feed by themselves			-----
2	12 noon		_____ syrup / tablets Drug Name: _____ Dosage: _____	Drug Name: _____ Dosage: _____	Drug Name: _____ Dosage: _____	
			_____ Ointments Drug Name: _____ Others: _____			
3	4PM		_____ syrup / tablets Drug Name: _____ Dosage: _____	Drug Name: _____ Dosage: _____	Drug Name: _____ Dosage: _____	
			_____ Ointments Drug Name: _____ Others: _____			

Total number of bottles/ bags: _____ syrup / tablets,
 Number of syrup: _____ should be kept in refrigerator,
 Total number of ointments: _____ Others(please specify): _____

Remarks :

1. Airport Preschool only accepts the medicine that were prescribed by registered doctor, and feed the medicine based on the instruction of the vessel. Therefore child's name should be written on the medicine.
2. **For those medicine taking every 4 hours, preschool will arrange child taking medicine at noon 12:00 and 4:00 p.m., but for the medicine taking every 6 hours, then preschool only arrange child to take medicine at 4:00 p.m. Parents feed medicine in early morning.

I understand that child takes medicine is parent's responsibility; therefore Airport Preschool will bear no responsibility if child has any bad effect after taking medicine.

Name of Parent : _____ Signature : _____

Date : _____ / _____ / _____