



上海浦东新区民办协和双语学校

SHANGHAI UNITED INTERNATIONAL SCHOOL PUDONG CAMPUS

Student Medication Form 学生用药单

Dear Parents,

As per our School Policies we will not administer any medication to the students at school. However, we will be happy to help your child take medication as indicated by your pediatrician. **Please fill out this form below every time you send medication to school.** All medication must be sent first to homeroom teachers and from homeroom teachers to the Clinic **with clear instructions and prescription from a doctor. All medication must be in a container labeled by the prescriber. All medication must be labeled properly with the student's first and last name.** The school nurse will call you if a question arises about the child or child's medication. A copy of this form is always available on the school's website (<http://www.suis-pd.com>) or you can make a few photocopies of the form below and keep them at home for convenient use when necessary.

亲爱的家长：

作为校规中的一条，学校将不会开具任何药物给学生服用。但是我们乐意协助家长，以帮助学生服用由儿科医生开具的用于儿童治疗的处方药物。在每次学生需要用药的时候，**请家长填写下列表格，并附上医院开具的处方单。所有药品必须有外包装并且有医师开具的处方。药品外包装必须标明学生的全名。**用药单、医院处方单以及药品先交给班主任老师，再由班主任老师交给校医务室。如对学生信息或药品有疑问，校医可能会致电与您联系。复印件将同样有效，在学校的网站上您也可以找到这张学生用药单。您可以多复印几份留在家里，以备需要时使用。

Date 日期	Student Name 学生姓名	Class 所在班级
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Please help my child take medicine as follows 请给我的孩子服用以下药物：

Medication 药品名称	Dose 剂量	Route 服药途径	Time/Frequency of administration 服药时间/频率

Reason for taking the medicine 用药的原因：	If PRN(pro re nata), for what symptoms 必要时，服药请述症状，例如哮喘：
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Medication shall be taken from 用药时间：

_____ (DD 日) _____ (MM 月) _____ (YY 年) to _____ (DD 日) _____ (MM 月) _____ (YY 年)

Parent/Guardian Signature 家长签名： _____ Contact Number 联系方式： _____

Date 日期： _____

Form reviewed by the school nurse 校医签名： _____