



上海协和国际学校

Administering Medication to Students

For Use Beginning: _____

File Name: Form

Last Update: 5/2020

Division: All School

Purpose: Authorization form required by parent (guardian) for Nurse's Office to administer prescription to a student.

It is Concordia's policy that no medication be administered to your child unless the Health Office receives a written consent from parents and a copy of doctor's prescription. If you wish your child to receive medication during school hours, **please send the medicine in the original container with original label and doctor's prescription to Nurses.** If your child needs to take medication on a daily basis, or for an illness, please complete the following. If you have a question, please contact the Health Office at health.office@concordiashanghai.org

Name of Student _____ DOB: _____

Grade _____ Homeroom Teacher: _____

Parents Name: _____

Home Phone: _____ Work phone: _____ Mobile: _____

Condition for which the drug is needed to be administered during school hours

1. Name of Medication _____ Dosage _____

Route _____ Time to be given _____

2. Name of Medication _____ Dosage _____

Route _____ Time to be given _____

3. Name of Medication _____ Dosage _____

Route _____ Time to be given _____

I understand that my signature indicates my understanding that the school accepts no liability for untoward reactions when the medication is administered in accordance with the physician's direction. I am the parent or legal guardian of the named child.

Parent Signature: _____ Date: _____