

Medication Authorization Form

1. It is school policy that we have authorization by the physician and parents to administer medications to your child for any health concerns.
2. No child will be given any medications without the clear orders written by the physician and permission provided by the parents.
3. The prescription medication must be brought to school in original container, properly labeled by the pharmacy or physician, stating the name of the student, the dosage and current date. Please find the attached form and submit the form with the medication.

교내 투약 동의서

1. 귀 자녀가 건강상의 문제로 교내에서 약을 복용해야 하는 경우 본교 규정 상 의사와 학부모님의 동의 하에 투약이 이루어집니다.
2. 정확한 절차가 명시된 의사 소견서 및 학부모님 허가 없이는 학생에게 어떠한 투약 절차도 진행되지 않습니다.
3. 처방된 약은 원래 용기에 담아 약국이나 의사에 의해 라벨이 올바르게 부착된 상태로, 학생 이름/용량 /처방된 날짜가 반드시 표기 되어야 합니다. 하기의 교내 투약 동의서를 확인하여 작성 후 약과 함께 제출 바랍니다.



DIS DAEGU
INTERNATIONAL
SCHOOL

Medication Authorization Form

To be completed by Physician:

Student's name: Last _____ First _____ Grade: _____

Diagnosis/Indication for Medication Administration: _____

Medication: _____ Dosage: _____

Time to be given: _____ Route: _____

Possible side effects: _____

Precautions/Restrictions: _____

To be refrigerated: Yes ☐ / No ☐

Signature of Physician: _____ Date: _____

Clinic: _____ Phone: _____

To be completed by parents:

I hereby give my permission for _____ to receive, from the School Nurse and /or other school personnel as delegated, trained, and supervised by the school nurse, the above prescription at school as ordered. I will notify the school of any change in the medication(s). (i.e. dosage change, etc.) I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and the treatment prescribed. I give permission to DIS to release appropriate medical information to the hospital in case of emergency.

Signature of Parents/Guardian

Date (mm/dd/yyyy)

Parent daytime phone number #1 _____

#2 _____