DULWICH INTERNATIONAL | SUZHOU | HIGH SCHOOL
苏州工业园区德威联合书院

Medication Permission Form

To ensure that students are correctly given any medication during school hours, please complete the form below and place it in a sealable bag with your child's medication (original pharmacy or manufacture labeled container, clearly marked with your child's name and class) and then submit them to the school nurse or boarding tutor.

Student name: **Year Group:** **Gender:** **Diagnosis:**

Note: Please submit a doctor's statement to the school if your child needs to take prescription medicine during school hours.

Medication Name	**Method**	**Dose**	**Time**	**How many tablets have you supplied to the school?**	**Medication expiration date**	**Medication storage requirement（ eg: refrigerator, room temperature）**

I give permission to the school nurse or a boarding tutor to administer the above medication to my child in accordance with the above instruction.

Parent signature: Date

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药物授权书

为确保学生在校期间正确服用学生自己的个人药物，药物需放在药品的原始容器内（有药房或制造商提供的容器，清楚标记您孩子的姓名和班级），请填写以下表格，并将其表格和您孩子的药物一起放入可密封的袋子中提交给学校护士和宿管老师。

学生姓名： **年级：** **性别：** **诊断：**

说明： 学生在校期间，如你的孩子需要服用处方药，请提交医生开具的诊断证明。

药品名称	**使用方法**	**剂量**	**时间**	**共交给学校药品数量:**	**药品的有效期：**	**药品的存放要求：（例如：冰箱冷藏，室温）**

我授权苏州工业园区德威联合书院的护士或宿管老师根据以上的说明给我的孩子服用上述药物。

父母签字： 日期：