



Application Form -Student Self -Medicating Form

I apply for my child to self-carry/self-administer the medication described below. I also submitted a doctor's statement to the school nurse.

- It is allowed to keep one week of supply medicine in the student 's dorm. The boarding tutor/ school nurse will keep the medicine if a student needs to keep more than one -week of supply medicine during school hours.
- Self-medicating boarding students should report to the boarding tutor each week when they arrive on Sunday with how much and what medication they have brought.

Student name:

Year Group:

Gender:

Diagnosis:

Medication Name	Method	Dose	Medication Time	How many tablets have brought to school this week?	Medication expiration date	Medication storage requirement (eg: refrigerator, room temperature)

Parent signature/Date:



School Authorization Form- for the student self-medicating

Student name:

Year Group:

Gender:

Diagnosis:

The above-named student will be allowed to carry/take her/his medication on their person while in school. A spare medication provided by the parent will be kept in the nurse's office should they forget it or run out when it is necessary.

1. Student has demonstrated to the nurse the correct use of medication.
2. Student agrees to never share the medicine with another person. The medicine will be locked in a cabinet.
3. For the inhaler, the student agrees that after two puffs, if there is no marked improvement, he/she will go to the nurse's office immediately.

Medication Name	Method	Dose	Medication Time	How many tablets have brought to school this week?	Medication expiration date	Medication storage requirement (eg: refrigerator, room temperature)

Student Signature/Date:

School Nurse Signature/Date:



学生自己服用药品申请表

我申请我的孩子在校期间自己携带和服用下述的药品。家长提供一份备用药放在医务室以便学生忘记带药或自身携带药用完时应急服用。

- 只许可学生在宿舍里储存 1 周的用量。超过一周的药物有护士或宿管老师保存。
- 住宿生每周日返校时需告知老师带到学校的药品的名字和数量。

学生姓名:

年级:

性别:

诊断:

药品名称	使用方法	剂量	用药时间	本周带到学校的 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)

父母签字:

日期:



学生自己服用药品批准表

学校允许上述该学生自己携带和服用上述药品，请存放一份备用的药品在学校医务室以便学生自己忘记携带药品或药品已用完时备用。

- 1 该生已演示给护士如何正确的服用药物
- 2 该生同意不会让其他同学服用自己的药物
- 3 对于服用哮喘喷雾剂，学生已同意在使用 2 次后如症状没有明显的改善，学生会立即到护士办公室。

药品名称	使用方法	剂量	用药时间	本周带到学校的药品数量:	药品的有效期:	药品的存放要求: (例如: 冰箱冷藏, 室温)

学生签名和日期:
学校护士签名和日期: