DSC International School
德思齊加拿大國際學校

Temporary Medication Request Form

This form is used when your child needs to take medication at school for a short period of time (i.e. cold symptoms, antibiotics, allergies, injuries, insect bites). If your child requires daily long-term medication or emergency medication at school please contact the Health Room.

Student's Name:____ Class: _______________

1.

Name of Medication:	Dose: _____ tablets/ pills/ capsules or _____ mls/ drops/ spray	Time(s) During School Day: ______________________________ For How Many Days: __________
Medical Condition/Why Needed?	Route: Oral/ Eye/ Ear/ Skin (cream/lotion)	Side Effects:

2.

Name of Medication:	Dose: _____ tablets/ pills/ capsules or _____ mls/ drops/ spray	Time(s) During School Day: ______________________________ For How Many Days: __________
Medical Condition/Why Needed?	Route: Oral/ Eye/ Ear/ Skin (cream/lotion)	Side Effects:

3.

Name of Medication:	Dose: _____ tablets/ pills/ capsules or _____ mls/ drops/ spray	Time(s) During School Day: ______________________________ For How Many Days: __________
Medical Condition/Why Needed?	Route: Oral/ Eye/ Ear/ Skin (cream/lotion)	Side Effects:

4.

Name of Medication:	Dose: _____ tablets/ pills/ capsules or _____ mls/ drops/ spray	Time(s) During School Day: ______________________________ For How Many Days: __________
Medical Condition/Why Needed?	Route: Oral/ Eye/ Ear/ Skin (cream/lotion)	Side Effects:

* Please note that the **student's name** as well as the **name of the medication**, **prescription date**, and **dose/time** and **route of administration** all need to be clearly marked **IN ENGLISH on the original container.**

I, __________________________________ (print your name), am the parent/guardian of

________________________________(student's name) in ________________ (grade/class), give

consent for the Health Room Staff to assist/supervise my child with his or her medication(s).

Parent/Guardian Signature: ____ Date: _______________