

朗思國際學校
THINK INTERNATIONAL SCHOOL
藥物餵服紀錄
STUDENT MEDICINE-FEEDING RECORD

兒童姓名
NAME: _____

班別
CLASS: _____

日期
DATE: _____

藥物種類及數量
Kinds of Medicine:

藥水 ☐ 瓶
Medicine ☐ Bottles

藥丸 ☐ 種
Pill(s) ☐ Kinds

(Please fill in the number of medicine and pills to be fed. 請填上須餵服藥物之種類及數量)

餵服時間 ☐ 11:45A.M. (請在適當的空格內加上 ✓ 號)
Feeding Time: 飯前 Before Lunch (Please put a tick against the
☐ 12:30P.M. appropriate box)
飯後 After Lunch

注意事項
Attention: _____

家長簽署
Parent's Signature: _____

餵服者簽署
Feeder's Signature: _____

注意事項：	ATTENTION:
1. 本園只替幼兒餵服醫生指定的藥物。	1. Only medicine prescribed by doctor is allowed.
2. 請先行在家中替幼兒餵服一次藥物，才送他回園。	2. Medicine should be taken at least once at home before bringing back to this centre.
3. 請在標紙及膠袋上清楚列明幼兒姓名及服藥的份量。	3. All medicine must be labeled with student's name and direction of application.
4. 本園的餵服時間定為下午十二時三十分及四時三十分。	4. Medicine taking times are 11:45 am and 12:30 pm.