



Medication request form

I request my child medication to teachers

Child's name		Time of medication	<input type="checkbox"/> Morning
Class			<input type="checkbox"/> Noon
symptom			<input type="checkbox"/> Afternoon
Kind of medicine	<input type="checkbox"/> liquid		To keep
	<input type="checkbox"/> powder	<input type="checkbox"/> Room <input type="checkbox"/> fridge	
	<input type="checkbox"/> ointment	Amount of medication	
	<input type="checkbox"/> etc	Times of medication	
requester		Relationship with child	
Date	/ /		

*the responsibility of requesting medication is on requester.

Medication report

This child has been medicated in the school as requested.

Child's name	Times of Medi.	Amount of Medi.	mediator

Date :
Signature :



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