



TAIPEI EUROPEAN SCHOOL 台北歐洲學校

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Medication Request & Receipt Form

I hereby request that the nursing staff of TES administer the medication detailed below to my child.

Parent's / Guardian's signature:

Date:

Parent's / Guardian's full name (please print):

For Student (name):	Section:	Class Code or Class Name:
Name of Medication (properly labelled):		
Purpose of the Medication:		
Possible Side Effects:		
Dosage and Time to be Taken:		
Start Date:	End Date:	Total Number of Days:
Doctor's / Physician's Name:		
Doctor / Physician Clinic Details:		
Received Date (to be completed by the receiving school nurse):		

