Renaissance
INTERNATIONAL SCHOOL SAIGON

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MEDICATION AUTHORIZATION FORM

No medication can be administered without the written permission of the parent together with clear instructions for its use. Medication can only be administered in amounts according to label directions. We will not be allowed to administer any medication that is in a container that displays an expired date or no expiration date.

Parent's authorization

Name of child receiving medication				Class	
Known Food or Medication Allergies: ◯Yes ◯No If yes, please specify:					
Name of medication	Reason for medication	Dosage	When to give	Route (For examples: oral, topical, ...	Continue medication until (date)
1. *Ex: Prospan cough syrup*	*Coughing*	*5ml*	*After lunch*	*Oral*	*Tomorrow*
2.					
3.					
4.					
5.					

I hereby request an employee to administer the medication named above to my child. I understand that all medications must be in the original container displaying the dosage amount, labeled with the child's name and with directions to administer the medication. Prescribed medication must be sent with a prescription. I understand that I must not send more than a one (1) week supply of over-the-counter medication. By signing below, I agree to the above terms and release the school and its employees from all liability from reactions which my child may have from this medication.

Name of Parent or Guardian	
Relationship to student	
Signature of Parent or Guardian	Date

(Lật trang sau để xem tiếng Việt)