

基督教挪威差會主辦信義會中英文幼稚園  
學生服藥委托書

學生姓名：\_\_\_\_\_ 班別：\_\_\_\_\_

服藥原因：因患— 傷風、感冒、發燒、  
咳嗽、咽喉發炎、  
其他\_\_\_\_\_

服藥天數：\_\_\_\_\_天

服藥時間表：

<input checked="" type="checkbox"/>	餵藥時間	藥水數量 (支)	需要時服藥水 (支)
	下午 12 時 30 分		
	其他時間		

藥水需存放於雪櫃內

戒食：\_\_\_\_\_

本人亦了解學生服藥乃家長之責任，故學生服藥後  
如有不適反應，貴校不須負任何責任。

家長簽署：\_\_\_\_\_ 日期：\_\_\_\_\_年 \_\_\_\_月 \_\_\_\_日

備註：本校只接受由註冊西醫處方之藥物，並且只依據  
容器上之指示餵藥，故家長須向當值老師清楚說  
明，確保無誤。

☆請在適當的方格內填上

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**NMS Lutheran Kindergarten  
Power of Attorney**

Student name: \_\_\_\_\_ Class: \_\_\_\_\_

Reason for taking medicine: cold  , fever  , cough  , throat inflammation  , others \_\_\_\_\_

Days needed to take medicine: \_\_\_\_\_ days

Time for taking medicine:

<input checked="" type="checkbox"/>	Feeding time	Liquid medicine (Bottle)	Whenever necessary (Bottle)
	12:30 pm		
	other time		

Liquid medicine is needed to be put in the refrigerator

Forbidden food: \_\_\_\_\_

I understand students taking medicine is the responsibility of parents, so our school would not be responsible for any allergic reactions after students taking the medicine.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: Our school only accepts medicine from physicians' prescription and feed according to the bottle's guidelines. Therefore, parents should explain clearly to the teacher on-duty.

☆Please put a tick  in the box if necessary

**NMS Lutheran Kindergarten  
Power of Attorney**

Student name: \_\_\_\_\_ Class: \_\_\_\_\_

Reason for taking medicine: cold  , fever  , cough  , throat inflammation  , others \_\_\_\_\_

Days needed to take medicine: \_\_\_\_\_ days

Time for taking medicine:

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