Tokyo YMCA International School



< Medication Request Form >

| Medication must be in its original container or | | | | | | | |
|---|-----------------|---|-------------------|-----------------|-----------|-------------|---|
| must be accompanied with a photocopy of the original label. | | | | | | | |
| | | | | | | Received By | |
| To School Principal | | | | | | | |
| | | | | | | | |
| I take respons | ibility for the | e protection and | administration of | of the medicati | on below: | | |
| Date Requested | | Year | Month | Day | | | |
| Child's name | | | | | | Grade | |
| Guardian's name | | | | | | | |
| Medical Condition | | | | | | | |
| (symptoms) | | | | | | | |
| Medication | Name | | | | | | |
| | on label | | | | | | |
| | | | | | | | |
| | Туре | Antibiotic Cold medicine Cough medicine | | | | | |
| | of drug | Prevent pyogenic bacteria Allergy medication | | | | | |
| | | • Other(| | | |) | |
| | Dosage | •Before lunch | •After lunch | | | | |
| | time | •Other(| | | | |) |
| | Dosage | Tablet / | Pouch A | t a time | | | |
| | How to | | | | | | |
| | take | | | | | | |
| | Date | Year | Month | Day | | | |
| | prescribed | | | | | | |
| Clinic name | | | | | Phone no: | | |
| | | | | | | | |
| Pharmacy | | | | | Phone no: | | |
| name | | | | | | | |
| Notes | | | | | | | |
| | | | | | | | |