

UNITED CHRISTIAN EDUCATION CENTER

Authorization of Medication 餵藥授權表

Name of Student 學生姓名: _____ Room 班級#: _____

Name of Medication 藥物名稱: _____

Recommended Dosage 餵藥劑量: _____

Time to give Medication 餵藥時間: :

* Date 日期 _____ Time 時間 _____ Signed by Staff 餵藥員工簽名: _____

* Date 日期 _____ Time 時間 _____ Signed by Staff 餵藥員工簽名: _____

* Date 日期 _____ Time 時間 _____ Signed by Staff 餵藥員工簽名: _____

I, _____, the parent of _____, authorize United Christian Education Center to give my child the medication which is not prescribed by a licensed doctor. I release United Christian Education Center of all obligation or responsibility in the administration of, or the reactions or ill effects of medicine given.