



*Please make photocopies of this form for future use.*

**MEDICATION PERMISSION FORM**

I,(name) ....., am the (your relationship to student)..... studying in Grade ..... for English curriculum. I allow this student to take the following medicines on (date) \_\_day \_\_/ \_\_ month \_\_/ \_\_ year \_\_.

| No | Medicine's Name | Dosage or No of pills/quantity given each time | 1 <sup>st</sup> Time to be taken at | 2 <sup>nd</sup> Time to be taken at |
|----|-----------------|--|-------------------------------------|-------------------------------------|
| 1. |                 |  |                                     |                                     |
| 2. |                 |  |                                     |                                     |
| 3. |                 |  |                                     |                                     |
| 4. |                 |  |                                     |                                     |
| 5. |                 |  |                                     |                                     |
| 6. |                 |  |                                     |                                     |

**I can promise that:**

1. My child is taking medicines according to an accurate prescription from the doctor.
2. In case that an unfortunate incident happens to my child after he/she has taken these medicines, I will not let the school be responsible for this incident.

**Note:** In order to avoid confusion, you are requested to:

1. Write your child's name clearly on the medication package.
2. Divide some medicines (pills or syrup) and put into a small plastic/paper bag for each use.

Phnom Penh, \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Parent/ Guardian's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**ALIS Representative's Signature**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

请打印这张以备以后使用

### 服药许可通知

我（姓名）.....，是学生的（与学生的关系）.....，  
他/她在英语.....年级学习。

我允许他/她在（日期）.....年.....月.....日服以下药品。

| 序号 | 药品名称 | 每次服药的剂量/<br>药品的数量 | 第一次服药 | 第二次服药 |
|----|------|-------------------|-------|-------|
| 1. |      |                   |       |       |
| 2. |      |                   |       |       |
| 3. |      |                   |       |       |
| 4. |      |                   |       |       |
| 5. |      |                   |       |       |
| 6. |      |                   |       |       |

我对此保证：

1、我孩子的药是通过医生给的处方准确服用的。

2、如果我孩子在服用以上药品出现了任何问题都跟学校没有关系，学校将不承担任何责任。

注解：为了避免出现问题，请您：

1、请您在药品的外壳包装上清楚的写下您孩子的名字。

2、请把不同的药品分开，（药片/糖浆）装进小的塑料袋或用纸包裹以便使用。

金边，...../...../.....

父母/监护人签字

...../...../.....

ALIS 代表签字

姓名：\_\_\_\_\_

姓名：\_\_\_\_\_