

# DULWICH INTERNATIONAL | SUZHOU | HIGH SCHOOL PROGRAMME

苏州德威国际课程高中项目 · 苏州工业园区德闳高级中学



## Student Individual Medication Permission Form

To ensure that students are correctly given any medication during school hours, please complete the form below and place it in a sealable bag with your child's medication (original pharmacy or manufacture labeled container, clearly marked with your child's name and class) and then submit them to the school nurse or boarding tutor.

**Student name:**

**Year Group:**

**Gender:**

**Diagnosis:**

**Note:** Please submit a doctor's statement to the school if your child needs to take prescription medicine during school hours.

Medication Name	Method	Dose	Time	How many tablets have you supplied to the school?	Medication expiration date	Medication storage requirement ( eg: refrigerator, room temperature)

I give permission to the school nurse or a boarding tutor to administer the above medication to my child in accordance with the above instruction.

Parent signature:

Date