



Dear Parents and Guardians,  
親愛的家長們:

This letter is a reminder concerning the school's medication administration policy. The school nurse will only administer medications that are pre-approved and clearly labeled.

此信是通知您本校有關校護協助給藥的政策有一些變更。僅有經過事前核准且標示清楚的藥物，校護才會協助給學生服用。

1. Parents and guardians must complete the Morrison Medication Administration Request Form and require the approval of the school nurse in order for the medication to be administered at school. The Morrison Medication Administration Request Form can be downloaded from the school's website under "Family Resources" or can be picked up in the clinic.

家長或監護人請先填寫一份馬禮遜藥物管理表(所要服用藥物)的協助給藥申請表，然後交由校護核准。此表格學校服藥申請表可以從學校網頁的家長資源選項中下載，或者您可以到學校醫護室拿取此表申請表。

2. Parents or guardians are required to come to the Health Clinic in person and give the school nurse the Morrison Medication Administration Form, the doctor's prescriptions, and the medication. Parents are to drop-off and pick-up medication in the clinic. **Please note that students are not allowed to carry medication while at school.**

家長或監護人需親自到保健室，將馬禮遜藥物管理表和醫生的處方簽和藥物交給校護。或領回藥物。學生不允許攜帶任何藥物到學校。

3. Medication that is being administered to the student must be appropriately labeled, with a clear list of the name/names of the medicine. When mixtures (powder packets) of medication are brought in, parents and guardians must clearly label the names of each medication that is in the powder, with clear instructions on how to mix and administer the medication. MAK highly recommends that parents and guardians include a small printout from the doctor's office that has the name and amount of each medication.

所要服用的藥物，請清楚標示學生姓名、藥物名稱和服用方式。如果所服用的是藥粉，也必須清楚的標示出藥粉的成分和如何服用。最好的方式是您留下醫生開立的藥品明細，上面有藥品的名稱和服用劑量。

Parents and guardians, please ensure that arrangements are made so that medication can be in the clinic until the last day of the administration of the medicine. If the pharmacist is unable to prepare a separate container for home and school, keep enough medication for home use and parents or guardians must bring the remainder to the school in the prescription bag or bottle.

所有寄放在保健室需校護協助給予的藥物，請事先準備足夠的份量。如果藥師無法將藥物分裝成在家與在校使用二份，請自行取出家中所需服用的藥量，然後用有標示藥名/處方的藥袋(或藥瓶)裝學校用藥。



高雄馬禮遜學校  
**MORRISON**  
**ACADEMY**  
K A O H S I U N G

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Students with prescription asthma or anaphylaxis medication (i.e., inhaler or EpiPen) may possess and self-administer their medication after completing the Morrison Medication Administration Request Form and with approval from the school nurse.

有氣喘或過敏病史的同學可以自行攜帶並使用相關藥物(例如:吸入劑或速效注射性腎上腺素), 但需事先填寫馬禮遜藥物管理表申請表並經學校相關單位核准。

Thank you for your cooperation with us as we strive to make Morrison a safe place for students.

感謝所有家長們的合作, 讓我們共同努力使馬禮遜成為一個安全用藥的校園!



## Morrison Medication Administration Form

### 學生在校服藥說明

Please complete the form. Afterward, please submit the form and medication to the office at the beginning of the school day. 請填妥單子早上到校後就把藥和單子一起交到辦公室

Child's Name 姓名: \_\_\_\_\_ Birth Date 生日: \_\_\_\_\_ Grade 年級: \_\_\_\_\_

Medication 藥名	Times to be given 給藥時間	Dose 劑量	Type of Medicine 用藥方式	Start Date 開始日期	End Date 結束日期

Should we keep this medication at school or return it at the end of the day? 把藥留在學校或放

學時帶回家? Keep留在學校 \_\_\_\_\_ Return帶回家 \_\_\_\_\_

I agree to assume no responsibility for any side effects or other consequences of medication taken by the student at school if the medication is not accompanied by a medication list prescribed by a physician. 本人如果沒有隨藥物附上由醫生開立的藥物明細，將同意學生在校服藥後，如有任何不良反應及其他後果，貴校不須承擔任何責任。

Parent's Name 家長姓名: \_\_\_\_\_

Relationship with the student 與本學生的關係: \_\_\_\_\_

Parent Signature 家長簽名: \_\_\_\_\_

Date 日期: \_\_\_\_\_

For office staff only 辦公室人員專用



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Received By: \_\_\_\_\_ Date: \_\_\_\_\_