

Parent's Name: _____

Student's Name: _____

Class: _____

I am writing this letter to kindly request the School Nurse to administer to following medicine:

1. Give my child, _____ the medication prepared by Parents from (date) _____ to (date) _____ as per the doctor's prescription (For antibiotics and functional foods, attached to this letter) or my instructions (Specific instructions below).

The doctor's prescription/ Parent's instructions:

Medicine Ex: Hapacol 250mg	Dosage Ex: 1pack/time	Time to use Ex: After lunch/When fever is over 38 degrees Celsius	Usage Ex: Dissolve 1 pack with water until foam disappears	Remark

2. I take full responsibility for all the information in the doctor's prescription or my instructions, the quality of the medication and as well as any problems that happen to my child when he/she takes the medicine as prescribed at school.

Signature of Parent/Guardian:

Chữ kí Phụ huynh/ Người giám hộ:

Name of Parent/Guardian:

Họ tên Phụ huynh/ Người giám hộ:

Date:

Ngày: