

AUTHORISATION AND INSTRUCTION FOR MEDICINE ADMINISTRATION

Declaration by the Parent,

- I will **not** hold Wat Patthar and the staffs responsible if unforeseen or possible complication(s) due to the following medicine(s) administered has occurred on my child.
- I understand that the centre or staffs may **not** administer any medicine if,
 - this Authorisation Form is incomplete or an alternative verified written order is not supplied,
 - instruction for medicine administration is unclear,
 - the medicine is not prescribed for the child,
 - the medicine is not prescribed by a registered clinic, doctor, general (GP) or TCM practitioner.
 - the prescribed medicine(s) provided is not clearly labelled – name of medicine, expiry date, dosage, administration instruction and name of child.
 - TCM composition is not fully declared in Pg-2 (All ingredients used in TCM must be declared).
 - Source of medicine is unclear (**No** over-the-counter, off-shelf pharmacy medicine).
- I hereby give permission to the centre and staffs to administer the following medication on my child as below.

Name of Child: _____

Class: _____

a) One day only: _____ (date)

b) Period from: _____ (date) to _____ (date) (Total _____)

S/N	Name of Medicine	Dosage	Time (✓)	Administration	
				Oral	External
1			☐ Breakfast ☐ Lunch ☐ Tea Time		
2			☐ Breakfast ☐ Lunch ☐ Tea Time		

3			☐ Breakfast ☐ Lunch ☐ Tea Time			
4			☐ Breakfast ☐ Lunch ☐ Tea Time			
5			☐ Breakfast ☐ Lunch ☐ Tea Time			

*Approx Feed Time :- **Breakfast:** 0800-0900hrs, **Lunch:** 1100-1200hrs, **Tea:** 1500-1600hrs (Cc) ^subjected to c

No signature required; please email the completed form to our preschool's email at parents.info@wpbs.org.sg using your email indicated here within.

Parent – Name/Sign _____

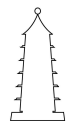
Date of Form: _____

Records of Medicine Administered (For Teachers' Actions)

Time	Medicine	Name/Sign

Note:

- This form is to be duly completed by the Parents.
- Completed '**Medication Administration**' form must be filed.



Note:

- 1) This form is to be duly completed by the Parents.
- 2) Completed '**Medication Administration**' form must be filed.