寶塔托兒中心
Wat Patthar Educare Centre

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		

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

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