警塔托兒中心 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,
 - o this Authorisation Form is incomplete or an alternative verified written order is not supplied,
 - o instruction for medicine administration is unclear,
 - o the medicine is not prescribed for the child,
 - o the medicine is not prescribed by a <u>registered</u> 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.
 - o TCM composition is not fully declared in Pg-2 (All ingredients used in TCM must be declared).
 - o 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.

3	0	Breakfast Lunch Tea Time		
4	0	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.

arent – Name/Sign	Date of Fo	rm:	
	·		

Name/Sign

Records of Medicine Administered (For <u>Teachers'</u> Actions)

Medicine

							111110	111	cuicine	1 tame/ Sign
Name of Child:		Class:								
a)	One day only:	(date	, and the second second		(1)	. 1				
<u>b)</u>	Period from:	(date	e) to		(date) (T	otal				
			Admin		istration					
S/N	Name of Medicine Dosage	I IIMe (V) —	Oral	External						
			o Breakfast							
1			o Lunch							
1			Tea Time							
2			 Breakfast Lunch							
			 Tea Time 							

Time

Note:

¹⁾ This form is to be duly completed by the Parents.

²⁾ Completed 'Medication Administration' form must be filed.



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