



SHORT TERM MEDICATION ADMINISTRATION FORM

Please complete this form in full and return it to the ISB Health Centre with the medication.

NOTE: all medication has to be in its original packaging in English or Thai with expiry date clearly visible. Medication prescribed by a doctor must have a prescription label attached.

We are unable to accept or administer homeopathic, ayurvedic, and TCM medication. Vitamin and mineral supplements will only be accepted if they have been prescribed by a doctor to treat a deficiency that has been disclosed.

If you have any queries please discuss with a nurse in the ISB Health Centre or email nurse@isb.ac.th

Name of student (in capital letters): _____ Date of birth: _____ Grade: _____

Drug allergies: _____ Diagnosis and any symptoms: _____

Name of medication	Amount supplied	Dose to be given	Times (please tick)					Expiry date	Any other instructions (e.g. before/after food, when necessary, duration of course)
			Breakfast	Lunch	Dinner	Bedtime	Other		

I consent to the nurse or first aider administering medication to my child as per my instructions above.

Name of parent or guardian (in capital letters): _____ Signature: _____ Date: _____

Emergency contact number: _____

Name of nurse receiving and checking medication meets above criteria: _____ Date: _____

Name of first aider receiving medication for off campus trips: _____ Date: _____