　　　　　Communication Slip to Request Administration of Medicine at Nursery　　　**英　語**

“Renrakuhyo”（To be filled in by parent/guardian）

To be administered on MM DD YY

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| Requested to | Name of Nursery　　　　　To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nursery |
| Requested by | Parent/Guardian Name  Child Name　　　　　　　　　　Boy / Girl　　Age \_\_years and \_\_months  Contact　TEL |
| Home Doctor | Name  Hospital/Clinic  Contact　TEL |
| Name of illness or symptoms |  |
| Medication  brought to nursery | 1. Today’s dose of medication prescribed on Month, Date, Year for \_\_ days 2. To be stored　　at room temperature 　　in refrigerator   　　 any other storage method (　　　　　　　　　　　　)   1. Type and amount of medication　Powder( 　pouches) / Liqui(syrup)   / External medication / others   1. Content of medication　　　　antibiotics/ cough medicine/ antidiarrhetic/ cold medicine/ external medicine   ⑤When to administer　　　　before meals/between meals/ after meals/ others（　　　　　　　　　　　　　）  ⑥How to administer external medicine　　（　　　　　　　　　　　　　　　　　　　　　　　）  ⑦Other precautions  ⑧Yakuzai Jyouhou Teikyousho  (Information on Medication Administration)　　　 Yes / No |
| To be completed by nursery staff | Request accepted by (Signature of staff)  Date　 　： |
| Medication administered by (Signature of staff)  Time of administration　　　 　Date 　　：  Condition of administration, etc. |