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 NameChild Name　　　　　　　　　　Boy / Girl　　Age \_\_years and \_\_monthsContact　TEL |
| Home Doctor | Name　　　　　　　　　　　　　　　　　　　　Hospital/Clinic Contact　TEL |
| Name of illness or symptoms |  |
| Medicationbrought 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 / others1. 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 precautions⑧Yakuzai 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.  |