服薬補助依頼書(災害避難時)

Medication Assistance Request Form (in case of evacuation) EN

愛知県立にしお特別支援学校長 殿

BU NEM JIDOU SEITO SHIMEI 部 年 児童生徒氏名

※新年度の部・学年を記入してください。

HOGOSYA SHIEMI 保護者氏名

The above child is required to take his medication regularly, so please follow the instructions below and ask school staff to help to take the medication in case of a disaster evacuation.

	Morning	Lunch	Dinner	Before go to bed	
Name of the medicine. Shape and quantity					
Time	Before · After (meal) As needed	Before • After (meal) As needed	Before • After (meal) As needed	Time (    :    )	
Caution (How to take medication)					

- X Do not need to fill in the name, form and quantity of the medicine if you attach the "Prescription of Medicine" that you can obtain at the pharmacy.
- X Please write the student's name, name of the medicine, and the time they should take medication In each medicine bag.
- \* Please fill in the table above "how to take medication" about the assistance method medication (drinking with water, mixing with food, posture, etc.) and other care.
- ※ Check with your doctor for other precautions when taking the medicine.

medication change date	令和(	)年(	) 月(	)日
	令和(	)年(	)月(	)日
	令和(	)年(	)月(	)日