

服薬補助依頼書（災害避難時）

Medication Administration Form (in case of evacuation) EN

愛知県立にしお特別支援学校長 殿

Year level 部 Year 年 Student's name 児童生徒氏名 _____

※新年度の部・学年を記入してください。

Parent/Guardian's name
 保護者氏名 _____

The above child is require regular medication, so in the event of a disaster evacuation, we ask that the school staff assist them in taking their medication in accordance with the instructions below.

	Morning	Lunch	Dinner	Before bed
Name of the medicine. Shape and quantity				
Time	Before・After meal Time (:)	Before・After meal Time (:)	Before・After meal Time (:)	Time (:)
Points to note (Method of taking the medication)				

- ※ You do not need to fill in the name, form and amount of medicine if you attach the "Medicine Instructions 薬の説明書" that you can obtain at the pharmacy.
- ※ Please write the student's name, name of the medicine, and the time they should take medication in each medicine bag/packet.
- ※ In the "Points to note" section, please write methods for assisting with taking the medication (taking with water, mixing with food, posture, etc.,) and any points to consider.
- ※ Check with your doctor for other precautions when taking the medicine.

Medication change date Reiwa 令和 () 年 () 月 () 日

令和 () 年 () 月 () 日

令和 () 年 () 月 () 日