Hong Kong Federation of Youth Groups Ching Lok Kindergarten Ching Lok Nursery

Reply Slip on Feeding Medication to Children

Student name：_____ Class：_____

Date of attendance：_____ Name of hospital / doctor：_____

Outcome of consultation ： ☐ Proven non-contagious ☐ Airborne infection ☐ Contact infection ☐ Other：_____

Etiology： ☐ Cold, flu, cough ☐ Fever ☐ Sore throat, stomatitis

☐ Gastroenteritis, diarrhoea ☐ Dermatitis ☐ Other：_____

The following _____ types of medication is provided to the school. Please feed/apply at the following times:

Date of feeding	Please fill in the number of medication in the box					Feeding/application time					
	Bottled medicine	Refrigerated medicine	Pills	Ointment	Other	Receiving teacher's signature	Review of medication signature	Please put a ✓ if required 12:00 - 12:30	Teacher's signature	Please put a ✓ if required 4:00 – 4:30	Teacher's signature
Special instructions:											

Parent's signature：_____ Contact number：_____

Notes:

1. The school will administer the medication to the child in accordance with the doctor's prescription on the medication bottle or bag.
2. Parents should put the medication and measuring spoon together with this reply slip in a sealed bag and hand it to the teacher on duty at school. Do not put them in the child's school bag.
3. All medicines must be prescribed by a hospital/registered medical practitioner. We do not feed out-of-date (3 months) or proprietary medicines or Chinese medicines.
4. The information contained on the medication (name, date, frequency of administration, dosage) must be clear and correct.
5. Before returning to school in the morning, parents are kindly requested to cooperate with the school in the feeding times and give the first medication of the day to the child at home.
6. At times when infectious diseases are at their peak/the government has announced relevant preventive measures, the school will cancel the feeding of medication as appropriate