

# Request for Medication

SukuSuku World

Date	/ /	Parent' s Name	
Student' s Name		Class	
Name of Medical Institution		Doctor' s Name	
Name of Condition (Symptoms)			
Prescribed on	/ /	Keep in	Room Temperature / Refrigerator / Others ( )
Type of Medicine	Liquid / Powder / Application / External Medicine / Others ( ) <b>Total Number of Medicine</b> _____		
Sort of Medicine	Cold Medicine / Antibiotic / Cough Medicine / Sinus Medicine / External Medicine / Others ( )		
When to take medicine	AM · PM : (Before Lunch/Snack · After Lunch/Snack)		
Administration Method	(Dissolve with water. etc)		



Cut out

Administration Time 【 / / / AM · PM : 】

Administration Person \_\_\_\_\_

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