

# Request for Medication

SukuSuku World

Date	/ / (valid for 7 days)	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)		



- \* We can accept Oral medicines and Eyedrops for each day regardless of duration of use.
- \* We can accept Ointment for a week, but please bring it back home in the weekend.
- \* This request form is valid for 7 days. If you request for the same medicine after 7 days, please submit a form again.

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