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| **臺北市安東非營利幼兒園 幼兒託藥單**  班級: 號碼: 幼兒姓名：   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 用藥原因：□發燒 □感冒 □結膜炎 □腸胃炎  □嘔吐□其他 | | | | | | | | | 用藥劑量 | 口服 | □藥粉每次 包/匙  □藥水每次 c.c. | | | | | | | 外用 | □藥膏(水) 種，部位  劑量每次 滴 | | | | | | | 用藥時間 | □早餐後 □午餐後 □午休後 | | | | | | | | 聯絡事項 | □使用前需搖勻 □需冷藏 | | | | | | | | **用藥日期** | | | **家長簽名** | 給藥者簽名 | | | 給藥時間(由園方填) | | 月 日 | | |  |  | | |  | | ✂ | | | 下聯撕回給家長 | |  |  | | |  | | |  | |  |  | | | 幼兒姓名: | | | | | | 班級: 號碼: | | | 月 日 | | | 給藥者: | | | 給藥  時間: | | | **備註：(餵藥後反應)□無 □有:** | | | | | | | | | **請家長配合幼生安全用藥原則：**   * 請詳填**幼兒託藥單班級、號碼、姓名及家長簽名**，並準備**一次份量**到園即可**(請在藥包、藥水瓶及瓶蓋上書寫幼兒姓名，提升用藥安全)**，放置於託藥籃中。 * 每日餵藥時間分別為早餐後09：00、午餐後12：30、午睡後14：30共3個時段，請家長於託藥單上的“**用藥時間”欄勾選時間**。 * 如有**託藥不清楚**者，為顧及安全，會**電話聯繫家長**確認，若**聯繫不到則暫不給藥**。 * **未經醫師開立處方簽及侵入性用藥，恕不在託藥範圍內。懇請家長檢附處方用藥明細，謝謝您!**   為了孩子健康著想如有發燒或身體不適者請盡量在家休息。 | | | | | | | | |