

From :

To :

Please dispense the following medicine in accordance to the below stated time. I know that I am requesting the assistance of the teacher/s / child minders to administer medicine to my child at my own will / risk and that I will not hold the teacher/s / child minders or **Tadika Diyana** responsible if and should there be any side effect/s and / or complication/s arose from the administration.

Date : _____ Time : _____

Name of Child : _____ Gender : M / F

Class of Child : Mega / Cyber / Daycare _____

Type to give : 1. _____ Colour : _____ Dosage : _____ Time : _____

2. _____ Colour : _____ Dosage : _____ Time : _____

3. _____ Colour : _____ Dosage : _____ Time : _____

4. _____ Colour : _____ Dosage : _____ Time : _____

In case of emergency, please contact :

Name

Relationship

Tel. No.

1. _____

2. _____

3. _____

Signed By,

Name & I. C.

Relationship

Type

Dosage

Time

Given By

Witnessed By

1. _____

2. _____

3. _____

4. _____