|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **服 藥 委 託 單** | | | | | | **姓名** |  | | **日期** |  | | **症狀** | **□發燒 □咳嗽 □流鼻水 □腹瀉 □嘔吐**  **□喉嚨痛 □其他\_\_\_\_\_\_\_\_\_\_ (可複選)** | | | | | **服藥時間** | **早上點心 □前 □後** | | | | | **午餐 □前 □後** | | | | | **下午點心 □前 □後** | | | | | **藥 量** | | **藥粉\_\_\_包；藥水\_\_\_\_\_C.C** | | | | **填表人: 與幼兒關係:** | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **服 藥 委 託 單** | | | | | | **姓名** |  | | **日期** |  | | **症狀** | **□發燒 □咳嗽 □流鼻水 □腹瀉 □嘔吐**  **□喉嚨痛 □其他\_\_\_\_\_\_\_\_\_\_ (可複選)** | | | | | **服藥時間** | **早上點心 □前 □後** | | | | | **午餐 □前 □後** | | | | | **下午點心 □前 □後** | | | | | **藥 量** | | **藥粉\_\_\_包；藥水\_\_\_\_\_C.C** | | | | **填表人: 與幼兒關係:** | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **服 藥 委 託 單** | | | | | | **姓名** |  | | **日期** |  | | **症狀** | **□發燒 □咳嗽 □流鼻水 □腹瀉 □嘔吐**  **□喉嚨痛 □其他\_\_\_\_\_\_\_\_\_\_ (可複選)** | | | | | **服藥時間** | **早上點心 □前 □後** | | | | | **午餐 □前 □後** | | | | | **下午點心 □前 □後** | | | | | **藥 量** | | **藥粉\_\_\_包；藥水\_\_\_\_\_C.C** | | | | **填表人: 與幼兒關係:** | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **服 藥 委 託 單** | | | | | | **姓名** |  | | **日期** |  | | **症狀** | **□發燒 □咳嗽 □流鼻水 □腹瀉 □嘔吐**  **□喉嚨痛 □其他\_\_\_\_\_\_\_\_\_\_ (可複選)** | | | | | **服藥時間** | **早上點心 □前 □後** | | | | | **午餐 □前 □後** | | | | | **下午點心 □前 □後** | | | | | **藥 量** | | **藥粉\_\_\_包；藥水\_\_\_\_\_C.C** | | | | **填表人: 與幼兒關係:** | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **服 藥 委 託 單** | | | | | | **姓名** |  | | **日期** |  | | **症狀** | **□發燒 □咳嗽 □流鼻水 □腹瀉 □嘔吐**  **□喉嚨痛 □其他\_\_\_\_\_\_\_\_\_\_ (可複選)** | | | | | **服藥時間** | **早上點心 □前 □後** | | | | | **午餐 □前 □後** | | | | | **下午點心 □前 □後** | | | | | **藥 量** | | **藥粉\_\_\_包；藥水\_\_\_\_\_C.C** | | | | **填表人: 與幼兒關係:** | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **服 藥 委 託 單** | | | | | | **姓名** |  | | **日期** |  | | **症狀** | **□發燒 □咳嗽 □流鼻水 □腹瀉 □嘔吐**  **□喉嚨痛 □其他\_\_\_\_\_\_\_\_\_\_ (可複選)** | | | | | **服藥時間** | **早上點心 □前 □後** | | | | | **午餐 □前 □後** | | | | | **下午點心 □前 □後** | | | | | **藥 量** | | **藥粉\_\_\_包；藥水\_\_\_\_\_C.C** | | | | **填表人: 與幼兒關係:** | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **服 藥 委 託 單** | | | | | | **姓名** |  | | **日期** |  | | **症狀** | **□發燒 □咳嗽 □流鼻水 □腹瀉 □嘔吐**  **□喉嚨痛 □其他\_\_\_\_\_\_\_\_\_\_ (可複選)** | | | | | **服藥時間** | **早上點心 □前 □後** | | | | | **午餐 □前 □後** | | | | | **下午點心 □前 □後** | | | | | **藥 量** | | **藥粉\_\_\_包；藥水\_\_\_\_\_C.C** | | | | **填表人: 與幼兒關係:** | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **服 藥 委 託 單** | | | | | | **姓名** |  | | **日期** |  | | **症狀** | **□發燒 □咳嗽 □流鼻水 □腹瀉 □嘔吐**  **□喉嚨痛 □其他\_\_\_\_\_\_\_\_\_\_ (可複選)** | | | | | **服藥時間** | **早上點心 □前 □後** | | | | | **午餐 □前 □後** | | | | | **下午點心 □前 □後** | | | | | **藥 量** | | **藥粉\_\_\_包；藥水\_\_\_\_\_C.C** | | | | **填表人: 與幼兒關係:** | | | | | |

**請自行影印備用**