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| 新北市永和國民小學附設幼兒園託藥單  (第一聯)   |  |  |  |  | | --- | --- | --- | --- | | 姓名 |  | 日期 |  | | 用藥時間 | 早上點心 □前□後  中午午餐 □前□後  下午點心 □前□後  其他 | | | | 份量 | 藥粉　 　包  藥水　 　c.c.  藥丸　 　顆  其他 | | | | 用藥  方式 | □口服 □眼藥  □其他： | | | | 備註 | □藥品需冷藏  □其他 | | | | 家長簽名： | | | | | 餵藥時間：  老師簽名： | | | | | 新北市永和國民小學附設幼兒園託藥單  (第二聯 家長聯)   |  |  |  |  | | --- | --- | --- | --- | | 姓名 |  | 日期 |  | | 用藥時間 | 早上點心 □前□後  中午午餐 □前□後  下午點心 □前□後  其他 | | | | 份量 | 藥粉　 　包  藥水　 　c.c.  藥丸　 　顆  其他 | | | | 用藥  方式 | □口服 □眼藥  □其他： | | | | 備註 | □藥品需冷藏  □其他 | | | | 家長簽名： | | | | | 餵藥時間：  老師簽名： | | | | |
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家長請填寫兩聯連同藥品交託老師,老師餵藥完畢將第二聯撕下交回家長留存

備註:託藥單不敷使用時請自行影印或至幼兒園網下載

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| 新北市永和國民小學附設幼兒園託藥單  (第一聯)   |  |  |  |  | | --- | --- | --- | --- | | 姓名 |  | 日期 |  | | 用藥時間 | 早上點心 □前□後  中午午餐 □前□後  下午點心 □前□後  其他 | | | | 份量 | 藥粉　 　包  藥水　 　c.c.  藥丸　 　顆  其他 | | | | 用藥  方式 | □口服 □眼藥  □其他： | | | | 備註 | □藥品需冷藏  □其他 | | | | 家長簽名： | | | | | 餵藥時間：  老師簽名： | | | | | 新北市永和國民小學附設幼兒園託藥單  (第二聯 家長聯)   |  |  |  |  | | --- | --- | --- | --- | | 姓名 |  | 日期 |  | | 用藥時間 | 早上點心 □前□後  中午午餐 □前□後  下午點心 □前□後  其他 | | | | 份量 | 藥粉　 　包  藥水　 　c.c.  藥丸　 　顆  其他 | | | | 用藥  方式 | □口服 □眼藥  □其他： | | | | 備註 | □藥品需冷藏  □其他 | | | | 家長簽名： | | | | | 餵藥時間：  老師簽名： | | | | |
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