|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| おくすり連絡票（保護者記載用） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 令和　　年　　月　　日記 | | | | | | | | | |
| 依頼先 | | | | 片品保育所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 依頼者 | | | | 保護者氏名 | | | | | | | |  | | | | | | | | | | | | | | | 連絡先　電話 | | | | | |  | | | | |
| 園児氏名 | | | | | | | |  | | | | | | | | | | | | 男　 女 | | | | | | | 歳　　　カ月 | | | | | | |
| 主治医 | | | |  | | | | | | | | | | | | | | | 電話 | | | | | | | | | | | | | | | | | | |
|  | | | ( | | | | | | | | | | | 病院・医院) | | | | | | | FAX | | | | | | |  | | | | | | | | | |
| 病名(又は症状) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １ | | | 持参した薬は | | | | | | （　　年　　月　　日にもらった　　　　日のうち１回分） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２ | | | 保管は 　室温、冷蔵庫、その他 | | | | | | | | | | | | | ( | |  | | | | | | | | | | | | | | | | | ) | | |
| ３ | | | くすりの剤型（該当する物に○） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | (粉、液(シロップ)、外用薬、その他 | | | | | | | | | | | | | | | | | | | | | | ( |  | | | | | | ) | |
| ４ | | | くすりの内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 抗生物質、解熱剤、咳止め、下痢止め、かぜ薬、外用薬 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ( | |  | | | ） |
|  | 投薬情報提供書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | 有　　　　無 | | | | | |  | | | | | | ＊有の場合必ず提出して下さい | | | | | | | | | | | | | | |
| ５ | | | 使用する日時 | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | ～ | | | | 年　　月　　日　午前・午後　　時　　分 | | | | | | | | | | | |
|  | | | 又は | | 食事(おやつ)の　　　分前・ | | | | | | | | | | | | | | | 分あと | | | | | | | | | | | | | | | | | |
|  | | | その他具体的に（ | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | ） |
| ６ | | | 外用薬などの使用法 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ７ | | | その他の注意事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保育所記載 | | 受領者サイン | | | |  | | | | | | | | | 保管時サイン | | | | | | | | | | 月　　　日　　　時　　　分 | | | | | | | | | | | | |
| 投与者サイン | | | |  | | | | | | | | | 投与時間 | | | | | | | 月　　日　午前・午後　　時　　　分 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 実施状況など | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |