## 家屬送藥保證書

# Guarantee of the Prescription Drugs

| 請將                  | _醫院開立之處方藥               | 終份,委由貴機關轉交_                 | 場               |
|---------------------|-------------------------|-----------------------------|-----------------|
| (舍)號                | 君服用。                    |                             |                 |
| Please transfer th  | e drugs prescribed      | by                          | _ (Name of      |
| the hospital) to _  | ( inma                  | te's number and name) at    | t               |
| unit.               |                         |                             |                 |
|                     |                         |                             |                 |
| 並保證該藥物絕             | 無參雜違禁藥物成                | <b>泛分且對身體絕無不良後</b>          | <b>发果</b> 。     |
| I,(y                | our full name), as a    | guarantor of the inmate,    | guarantee       |
| that the prescripti | ion drugs neither co    | ntain any illegal substand  | ces nor create  |
| any negative side   | e effects.              |                             |                 |
| 如有不良後果或             | .意外發生,保證 <b>人</b>       | 、願意負全責與貴所無關                 | <b>圆,惟恐口無</b>   |
| 憑,特例此書為             | 證。                      |                             |                 |
| If there is any the | e harmful consequer     | nce or accident after takin | ng the drugs, I |
| will take full lega | al responsibility. I fu | ılly understand what the    | contents and    |
| responsibilities o  | f this guarantee are    | e, and sign this guarante   | e under my      |
| freewill.           |                         |                             |                 |

| 立保證書人姓名:   |
|--|
| Name of the Guarantor:                               |
| 身分證字號:   |
| Identification No. of the Guarantor:                 |
| 與收容人關係:  |
| The Relationship with the inmate:                    |
| 聯絡地址:  |
| Correspondence Address:                              |
| 連絡電話:  |
| Tel:   |
|  |
| 中華民國 年 月 日   |
| DD / MM /YY  |
| 醫生意見:  |
| The doctor's advice:                                 |
|  |
|  |
| 收容人簽收 Sign for receiving the drugs: (Including Seal) |

#### 家屬申請送藥流程

### The Application Process for Delivering Prescription Drugs to the Inmates

- A. 查核項目 Required Items for the Application:
  - 1. 該收容人之醫療疾病診斷證明書(第一次須檢附)

A certificate of diagnosis from the hospital where the inmate used to receive treatments. The certificate is required for the first time only.

2. 醫療院所處方簽或藥袋

The prescriptions or medicine bags from the hospitals

3. 送藥品者之身分證明(可證明收容人之直系、旁系血親,配偶或姻親)影本

The hard copies of documents that can prove your kinship with the inmate, including blood relatives, collateral relatives, spouses, and in-laws.

4. 藥品無污損可清楚辨識

Medicines should be recognizable for checking.

5. 藥袋包裝需完整可確認品項

Medicine bags need to be complete for checking.

6. 非一、二、三級管制藥品方可送入

Schedule 1, 2, and 3 Controlled Drugs cannot be delivered into all the institution.

#### B. 填寫家屬送藥證明書

The Guarantee of the Prescription Drugs needs to be completed.

C. 收件後,須經所內醫生看診評估是否准予服用

The doctors of the correctional institution will evaluate whether the prescription medicines can be delivered to the inmates.

D. 經醫師評估准予服用者,於當日或次日經分包裝後,送至收容人 場舍;不准予服用者,則詢問是否由家屬領回或銷毀

After evaluation, if the medicines are approved by the doctors, the medicines will be delivered to the inmate on the same day or next day.

However, if the application is disapproved, the institution will notice the inmate's relatives to take medicines back or destroy them.