GLENASHLEY
PREPARATORY SCHOOL

**CONSENT FOR MEDICATION**

I _____

Parent of _____ Grade _____

**PLEASE TICK THE APPLICABLE BOX/ES**

**DO** give consent for your office to dispense the following medication to my child should it be necessary

**A.** PARACETAMOL TABLET ☐

PARACETAMOL SYRUP ☐

NAUSEA/VOMITING/DIARROHEA TABLET ☐

**B.** Do give permission to administer prescription medicine. This medication is to be supplied to the school by the Parent. ☐

**The timeous supply of prescription medication to the school is the sole responsibility of the parent.**

Name of Medication: _____Expiry date:_____

Dosage: _____Refrigerate: _____

Days and times to be given: (_____) (_____)

(_____)(_____)

Special Instructions: _____

Possible Reactions: _____

Procedure to take in an emergency: _____

**C.** **DO NOT** GIVE CONSENT FOR YOUR OFFICE TO DISPENSE ANY MEDICATION AT ALL. ☐

I understand that this decision is for the duration of my child's schooling at Glenashley Preparatory School. Should I change my mind, I will inform the school in writing

SIGNATURE: ……

DATE: ……

CELL No: ……