GLENASHLEY
PREPARATORY SCHOOL

CONSENT FOR MEDICATION

KINDLY COMPLETE AND RETURN TO YOUR CHILD'S CLASS TEACHER. NO MEDICATION WILL BE ADMINISTERED TO YOUR CHILD SHOULD THEY NEED THE SICK BAY WITHOUT THIS FORM.

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 re-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: ……