

STRATHEARN SCHOOL

PARENTAL CONSENT FORM

Pupil's Surname: _____

Form: _____

Pupil's Forename: _____

DOB: _____

I consent to my daughter receiving the following medication/treatment if thought appropriate by the designated First Aider. (*Please tick appropriate box*).

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| ➤ The provision of Paracetamol | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| ➤ The provision of Ibuprofen | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| ➤ The provision of Cetirizine Hydrochloride (for hay fever and allergy relief) | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| ➤ The provision of Anthisan Cream (for relief of insect bites/stings) | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| ➤ The provision of Witch Hazel (to stop minor bleeding/bruising) | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| ➤ The provision of Calamine lotion | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| ➤ The provision of Hypoallergenic plasters | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |

I undertake to notify the school in writing, should I decide to withdraw my consent.

Parent/Guardian's signature: _____

Date: _____

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