

STRATHEARN SCHOOL MEDICATION 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 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| ➤ The provision of Ibuprofen | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| ➤ The provision of Cetirizine Hydrochloride (for hay fever and allergy relief) | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| ➤ The provision of Anthisan Cream (for relief of insect bites/stings) | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| ➤ The provision of Hypoallergenic plasters | <input type="checkbox"/> | 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: _____

For official use only

Principal: Mrs N Connery MA PGCE PQH, Email: info@strathearn.belfast.ni.sch.uk
188 Belmont Road, Belfast, BT4 2AU Tel: (028) 9047 1595, Fax: (028) 9065 0555

STRATHEARN SCHOOL

Medical Information Form

Please complete and return in a sealed envelope to your daughter's Form Tutor on Tuesday, 27 August 2019

Name: _____

Form Class: _____

Name of family doctor: _____

Tel: _____

Address: _____

Does your daughter suffer from any of the following?
If yes, please tick which apply.

Yes No

Asthma

Diabetes

Epilepsy

Allergies

If yes, please give details including any medication required.

For parents of daughters suffering from asthma:

- *we would prefer that the school is provided with an extra inhaler as backup*
- *an additional consent form for the administration of an emergency Salbutamol inhaler needs to be completed (see Appendix).*

Does your daughter have any other medical conditions we should be aware of, for example, migraines, eczema? Yes No

If yes, please give details:

Parental signature _____ Date _____

Thank you for your co-operation.