

# Bennett Memorial Diocesan School

## Permission to administer 'over the counter' medication

Student Name.....

Allergies.....

I/we give permission for the following medication to be administered by the School Nurse.

<b>Acriflex Cream</b> (for minor burns and abrasions)	<b>YES</b>	<b>NO</b>
<b>Anthisan Cream</b> (for insect stings and bites)	<b>YES</b>	<b>NO</b>
<b>Arnica Cream</b> (for bruises)	<b>YES</b>	<b>NO</b>
<b>Calamine Lotion</b> (for nettle rash, insect stings, generalised itching)	<b>YES</b>	<b>NO</b>
<b>Cough Syrup</b> (Honey & Lemon for tickly coughs, over 12yrs old)	<b>YES</b>	<b>NO</b>
<b>Medicated Dressings</b> (eg iodine / vaseline impregnated gauze)	<b>YES</b>	<b>NO</b>
<b>Paracetamol / Calpol</b> (for headache, period pain, joint pain, muscular pain, fever and ear ache)	<b>YES</b>	<b>NO</b>
<b>Anti-Histamine tablet</b> (for allergies)	<b>YES</b>	<b>NO</b>
<b>Strepsils</b> (for sore throats)	<b>YES</b>	<b>NO</b>
<b>Rennie Chewable Tabs</b> (indigestion, over 12yrs old)	<b>YES</b>	<b>NO</b>

I confirm that he/she has had these medications before with no adverse effect.

Parents Signature.....Date.....

### All Other Medications

Please ensure that all medicines sent into school are in their original boxes and are clearly marked with the students name. Please also ensure that the expiry date is clearly visible. Written consent and clear dosage instructions must accompany all medicines sent into school and they must be handed to the school nurse. Consent forms can be downloaded from the school website found in the Health Folder.

**NO MEDICINES WILL BE ADMINISTERED WITHOUT WRITTEN  
CONSENT FROM THE PARENT/GAURDIAN**