

Bennett Memorial Diocesan School

Permission to Administer 'Over the Counter' Medication

Student Name

Known Allergies/Sensitivities

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

(please tick appropriate box)

	YES	NO
Paracetamol / Calpol (for headache, period pain, joint pain, muscular pain, fever and ear ache)	<input type="checkbox"/>	<input type="checkbox"/>
Anti-Histamine Tablet (for allergies, sickness related to a reaction)	<input type="checkbox"/>	<input type="checkbox"/>
Calamine Lotion (for nettle rash, insect stings, generalised itching)	<input type="checkbox"/>	<input type="checkbox"/>
Germoline Cream (antiseptic cream)	<input type="checkbox"/>	<input type="checkbox"/>
Medicated Dressings (eg iodine / vaseline impregnated gauze)	<input type="checkbox"/>	<input type="checkbox"/>
Strepsils (for sore throats)	<input type="checkbox"/>	<input type="checkbox"/>
Rennie Chewable Tabs (indigestion, over 12yrs old)	<input type="checkbox"/>	<input type="checkbox"/>
Savlon Cream (for minor burns, cleanses wounds and abrasions)	<input type="checkbox"/>	<input type="checkbox"/>
Anthisan Cream (bite cream for insect stings and bites)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Ibuprofen (Brand name: Nurofen)

We do not administer this medication routinely, however, if you feel your child would benefit from having this medication to help manage pain/injury following other treatment methods (Paracetamol, ice pack/heat pack),

Please provide additional consent by signature here.....

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

Signature:.....Date:.....