

**Academic Year 2016-2017**

**Dear Parents,**

We wish to provide the optimal health service for your child at school, according to Health Authority Abu Dhabi safety policy and procedures. Please help us keep our records up to date by providing the following information for the school nurse:

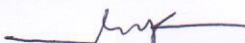
- 1) A medical report about your child's health (e.g. if he/she suffers from asthma, allergies, diabetes, epileptic seizures etc.) and the doctor's recommendations.
- 2) Any on-going medical prescription and the prescribed dose in case of emergency.
- 3) Any such medication must be given to the school nurse, clearly labelled with the child's name, dose and the expiry date.
- 4) Parent's written consent for the school nurse(s) to give this medication in an emergency.

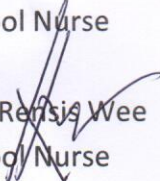
Please note that the school nurse(s) cannot give the child his own medicine (such as antibiotics or cough syrup) without a medical prescription from the child's doctor and written consent from the parent to give this medication at school.

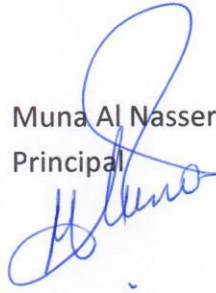
If you would like more information, please call the school nurse at ext. 225.

Best wishes for good health

Yours sincerely,

  
Rona Mae Parojinog  
School Nurse

  
Karl Rensis Wee  
School Nurse

  
Muna Al Nasser  
Principal

**Consent to Administer Prescribed Medication:**

<u>Student Name:</u>  <u>Grade :</u>  <u>Date of Birth:</u>	<u>Health condition for which the medication is prescribed:</u>  <u>Name of medication:</u>
<u>Dose:</u>	<u>Date medication should be continued until:</u>
What time does medication need to be given at school? .....AM.....PM	
<u>Route for administering the medication:</u>  Mouth  Inhalation  Injection  Topical	<u>Any precautions that the School Nurse should know?</u>
<u>What are possible side effects?</u>	<u>What should be done in the event of a reaction/side effect?</u>

1. I authorize this student to self- administer the above medication.
2. I understand it is my responsibility to send the medication to school in the original pharmacy container labeled with my child's name and physician instructions.
3. I give consent for the School Nurse to take appropriate action for the safety of my child.

Parent/guardian :-----

Date:-----

Mobile No.:-----

**CONSENT TO ADMINISTER NON-PRESCRIBED  
MEDICATION**

*(Filled out and signed by parents)*

Please Note That No Medication Will Be Given Without Parental Consent

I authorize that my child:

Name : \_\_\_\_\_ Date of birth: \_\_\_\_\_

Grade : \_\_\_\_\_ Class: \_\_\_\_\_

Be given the appropriate non prescribed medication in the following cases:

- 1 .Administration of Paracetamol to control mild to moderate pain and fever
- 2 .Administration of Salbutamol (Ventolin Inhaler) to control asthmatic symptoms in case your child has a known case of asthma before.
3. Administration of Epinephrine in acute allergic reaction (Anaphylactic shock).
4. Other EMERGENCY **MEDICATION**, please   
specify:.....  
.....

Check appropriate boxes below:

- I agree that my child may be given appropriate medication by the school nurse.
- I give my consent for school authorities to take appropriate action for the safety and welfare of my child

Parent/guardian (full name and signature).....

Date :.....

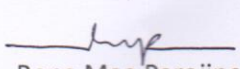
Contact Information:

Mobile(Mother):.....

Work No:(Mother).....

Mobile(Father):.....

Work No:(Father).....

  
Rona Mae Parojinog/ Karl Rensis Wee  
School nurses

  
Muna Al Nasser  
Principal

Rona Mae Parojinog, HAADRN  
Karl Rensis Wee, HAADRN

S.Y 2016-2017