

## ICS Consent to Administer Medication during the School Day or Related School Activities

<https://schoolsforhealth.haad.ae/media/29341/standard-administration-medications-schools.pdf>

<b>Student Name</b>  <b>Student Class</b>	<b>Date of Birth</b>
<b>Health Condition for which the medication is prescribed:</b> <span style="color: red;">(please attach doctor's prescription and medical report)</span>	
<b>Name of medication</b>  <b>Route for administering the medication :</b> <input type="checkbox"/> By Mouth <input type="checkbox"/> Injection <input type="checkbox"/> Inhalation <input type="checkbox"/> Topical <input type="checkbox"/> Other _____	<b>Dose</b>  <b>What time does medication need to be given at school:</b> _____ am _____ pm
<b>Name of medication</b>  <b>Route for administering the medication :</b> <input type="checkbox"/> By Mouth <input type="checkbox"/> Injection <input type="checkbox"/> Inhalation <input type="checkbox"/> Topical <input type="checkbox"/> Other _____	<b>Dose</b>  <b>What time does medication need to be given at school:</b> _____ am _____ pm
<b>Name of medication</b>  <b>Route for administering the medication :</b> <input type="checkbox"/> By Mouth <input type="checkbox"/> Injection <input type="checkbox"/> Inhalation <input type="checkbox"/> Topical <input type="checkbox"/> Other _____	<b>Dose</b>  <b>What time does medication need to be given at school:</b> _____ am _____ pmse
<b>Any precautions that school personnel need to know?</b>	<b>Any contraindications that school personnel need to know?</b>
<b>What are possible reactions/side effects?</b>	<b>What should be done in the event of reaction/side effect?</b>

**Check appropriate box:**

- I authorise this student to **self-administer** the above medication.
- The above medication can only be administered by a HAAD Licensed School Nurse.

**Health care provider**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Parent/Guardian to complete**

I understand it is my responsibility to send the medication to school in the original pharmacy container labelled with my child's name, treating physicians instruction/care plan and other documentation to assist in the safe administration of the specified medications.

<b>Parents Full Name</b> (please print)	<b>Parents Signature</b>
<b>Date</b>	<b>Mobile Number</b>