



ICS Consent to Administer Non-Prescribed Medications

Student Name:		Date of Birth:
Student Class:		
Student ID No.:		
NO.	Medication	Indication
1	Paracetamol	To control mild to moderate pain and fever.
2	Salbutamol (Ventolin Inhaler)	To control a known case of asthmatic symptoms.
3	Pain killer cream / spray application	To control mild to moderate pain.
4	Epinephrine or Epi-pen	For acute allergic reaction (Anaphylactic Shock).
5	Antihistamine cream	Skin allergy
<p><input type="checkbox"/> (please tick) I authorise a HAAD Licensed School Nurse to administer the appropriate non-prescribed medication as identified above.</p> <p><input type="checkbox"/> (please tick) I agree that International Community Schools administration and School nurse take appropriate action for the health, safety and welfare of my child.</p> <p><input type="checkbox"/> (please tick) I understand that no medication will be given without parental permission, unless several attempts have been made to contact the parent unsuccessfully. In this instance, the School Nurse will administer approved medication via this form as per signature consent.</p>		
Signature of Students Parent or Legal Guardian (please complete in pen)		
Full Name:		
Relationship to Student:		Mobile Number:
Signature:		Date:

