Non Prescribed Medication Administration Consent

Student's name	Date of Birth
Grade/ Section	
Parent's name	Contact number
Address	

I consent for my child to be given the appropriate medication in the following cases:

- ☐ Epinephrine in case of an acute allergic reaction/ anaphylactic shock
- ☐ Salbutamol Inhaler to control asthmatic symptoms
- ☐ Oral Glucose for hypoglycemia
- ☐ Paracetamol to control mild to moderate pain and fever
- ☐ Antihistamine for mild allergic reactions

Precautions that the school nurse needs to know
Allergies/ side effects/ contraindications that the school nurse need to know
What should be done in the event of allergy/ side effect/ contraindication

Parent/Guardian full name	
Parent/Guardian signature	Date