NORD ANGLIA INTERNATIONAL SCHOOL DUBAI
A NORD ANGLIA EDUCATION SCHOOL

MEDICATION(S) AUTHORISATION FORM

Child's Name: _____ **Class:** _____

The following medications are available in the school clinics and used in emergencies, for those students in the Primary School parents shall be called prior to administration of any oral medication.

Kindly tick the appropriate box:

- ☐ **I allow my child to receive medications from the school clinic.**
- ☐ **I do not allow my child to receive medications from the school clinic.**

☐ Paracetamol Syrup/ Tablets	Head ache, fever, pain
☐ Brufen (Ibuprofen) Syrup/ Tablets	Pain
☐ Claritine syrup	Anti-histamine
☐ Maalox suspension	Anti-acidity
☐ Fenistil Gel	Insect bites
☐ Arnical Gel	Post-traumatic swelling
☐ Betadine	Wound cleaning
☐ Fucidin ointment	Wound dressing
☐ Silvadiazin	Burns
☐ Deep heat spray	Muscle pain

MEDICATION ALLERGIES: _____

_____

_____

PARENT'S/ GUARDIANS SIGNATURE: _____

DATE: _____