



PARENT CONSENT TO ADMINISTER MEDICINE

If your child is taking regular or short-term medication you must complete the form below and hand it to our school receptionist, together with the clearly-marked medication (preferably in its original packaging). This is essential to ensure the safety of your child and other children in the school.

Please enter information below		Checked by Nurse
Child's name and class:		
Name of medication:		
Dosage:		
Frequency and time of administration:		
Medicine start date:		
Medicine end date:		
Any known side effects:		
Any other relevant medical conditions:		
Any other information:		

I hereby authorise the School Nurse at Nord Anglia International School to administer the above medication to my child.

Name of parent or guardian:	
Telephone number:	
Signature:	

FOR OFFICIAL USE: Checked by Nurse (Date & Signature):	
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