



NIS

A NORD ANGLIA
EDUCATION SCHOOL

Jalan NIS 1 Kenanga Terusan
Ampera Raya - Cilandak
Jakarta 12560 INDONESIA
phone:+62 21 7823930
www.nis.or.id

Parental Agreement for School to Administer Medicine

I hereby request and authorize the staff of NIS (the School) to administer the stated prescribed medication within this form as prescribed by our Doctor/Physician. I agree to indemnify the school from any claim against the for administering medication to my child provided the school are following the authorized prescribers order.

The school will not give your child any medication until you complete and sign this form and the Principal has agreed that the school staff can administer the medicine.

Student Details:

Student Name:	
Class:	
Address:	

Condition or Illness:	
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Medication:

Name and Type of Medication:	
Date Dispensed:	
Expiry Date:	
Storage Instructions:	

Please ensure the medication is in its original packaging displaying pupil's name and prescribing doctor.

For how long will your child take this medication?	
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FULL directions for use:

Dosage and method:	
Times to be given:	
Self-Administered:	Yes/No
Special Precautions:	



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Side effects:	
Emergency Procedure:	

Emergency Contact Details:

Name:	
Address: (if different from above)	
Telephone:	
Relationship to Student:	

I understand that I must deliver the medicine to the school office and accept this is a service which the school is not obliged to undertake.

Signed:		Name:	
Date:			

Agreement of Principal:

I agree that the student named will receive the medication in the dosage and at the time prescribed by their Doctor/Physician daily.

This student will be supervised by:

Name:	
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This arrangement will continue until:

Date:	
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Signed:		Name:	
Date:			