



Parent Consent to Administer Medicine

Name _____ Date of Birth: _____ Class: _____

Reason for medication: _____

Needs to be taken from : _____(date) till _____(date)

Please complete the following:

Name of medication	Dosage	Time	Time	Time	

Please send the medication in with the original package!

Are there any side effects or other things we should know about:

I hereby authorise the British School of Beijing’s school nurse to administer the above medication to my child:

Telephone number: _____

Name of parent /guardian: _____ (print)

Signature: _____ Date: _____

Name of nurse information checked by: _____

Questions? Please contact Nurse Office Tel: 8047 3588 Ext 2519/2562 nursesy@britishschool.org.cn