



## 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:

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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:** \_\_\_\_\_