

MEDICAL CONSENT FORM

I/Webeing the parent(s)/guardian(s) of..... Do hereby agree and consent to School staff taking all reasonable and appropriate action in the event of my/our daughter requiring first aid and medical care whilst at school including immunisation and transportation to a doctor or hospital.

I/we give permission for the following S2 medications to be administered by the Boarding House staff or the School Health Officer; Any medications prescribed by a doctor or dentist; Any medication outlined in your daughter's action plan when observation indicates it is required

Any of the following S2 and S3 medications.

Please initial each of the medications you agree to have administered to your daughter by the School Health Officer.

- Archival (Acyclovir).....Cold sore cream
- Benadryl Chesty Forte Syrup.....Moist cough
- Claramax (Desloritadine 5mg tabs 24 hr relief), Antihistamine/Hayfever
- Demazin Syrup 2yrs to adult with Phenylephrine not Psuedoephedrine Colds/allergy
- Durotuss Cough Linctus.....Dry cough
- Nyal Cold and Flu Fighter (Day and Night-herbal formula).....Cold and Flu

In doing so I/we agree to accept obligation for payment for required medications, ambulance and other emergency services and associated medical costs.

Parent's/Guardian's Signature _____

Date: _____

Witness: _____

Print, complete and post to School Health Officer