



PARENTAL CONSENT TO ADMINISTER EMERGENCY MEDICATION

<p>I consent that my child:</p> <p>File No. _____</p> <p>Name: _____ Gender: _____ Date of Birth: _____</p> <p>Address: _____</p> <p>Phone No: _____ Nursery: _____ Class: _____</p>	
<p>be given the appropriate medication in the following cases</p> <ol style="list-style-type: none"> 1. Administration of Epinephrine in an acute allergic reaction (anaphylactic shock) 2. Administration of Salbutamol Inhaler to control asthmatic symptoms 3. Administration of Oral Glucose for hypoglycemia 4. Administration of Paracetamol to control mild to moderate pain and fever 5. Administration (topical) of Antihistamine Cream for allergic reaction 	
<p>Any precautions that nursery staff need to know?</p>	<p>Any contraindications that nursery staff need to know?</p>
<p>What are possible reactions/side effects?</p>	<p>What should be done in the event of reaction/side effect?</p>
<p><u>Check the box below:</u></p> <p><input type="checkbox"/> YES– The above medication can be administered by a HAAD Licensed School Nurse/Physician in accordance with this standard and the relevant policies.</p> <p><input type="checkbox"/> No – The above medication cannot be administered by a HAAD Licensed School Nurse/Physician.</p>	

Parent/Guardian Full Name: _____ **Date:** _____

Parent/Guardian Signature: _____