

Emergency Medication Parental Consent Form

I consent that my child:

File No. _____

Name: _____ Gender: _____ Date of Birth: _____

Address: _____

Phone No. _____ Nursery: _____ Class: _____

Appropriate medication may be given in the following cases:

- ☐ 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

Any precautions that nursery staff need to know?

Any contraindications that nursery staff need to know?

What are possible reactions/side effects?

What should be done in the event of reaction/side effect?

Consent, Check one box below:

- ☐ **YES** – The above medication can be administered by a DHA licensed school nurse in accordance with this standard and relevant policies.
- ☐ **NO** – The above medication cannot be administered by a DHA licensed school nurse.

Parent / Guardian Full Name: _____

Date: _____

Parent / Guardian Signature: _____