STRATHEARN SCHOOL
MEDICATION CONSENT FORM

Pupil's Surname: _____ Form: _____

Pupil's Forename: _____ DOB: _____

I consent to my daughter receiving the following medication/treatment if thought appropriate by the designated First Aider. (*Please tick appropriate box).*

- The provision of Paracetamol yes ☐ no ☐
- The provision of Ibuprofen yes ☐ no ☐
- The provision of Cetirizine Hydrochloride (for hay fever and allergy relief) yes ☐ no ☐
- The provision of Anthisan Cream (for relief of insect bites/stings) yes ☐ no ☐
- The provision of Witch Hazel (to stop minor bleeding/bruising) yes ☐ no ☐
- The provision of Calamine lotion yes ☐ no ☐
- The provision of Hypoallergenic plasters yes ☐ no ☐

I undertake to notify the school in writing, should I decide to withdraw my consent.

Parent/Guardian's signature: _____ Date: _____

For official use only