



Strathearn School
188 Belmont Road
Belfast
BT4 2AU

Form M2

MEDICATION CONSENT FORM

To be completed upon admission to the School.

PUPIL DETAILS

| | |
|---------------------|-----|
| Legal Forename: | |
| Legal Surname: | |
| Preferred Forename: | |
| Preferred Surname: | |
| Date of Birth: | / / |

I consent to my child receiving the following medication/treatment if thought appropriate by the School Health Nurse or designated First Aider. (Please tick appropriate box).

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| The provision of Paracetamol | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| The provision of Ibuprofen | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| The provision of Cetirizine Hydrochloride (for hay fever and allergy relief) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| The provision of Anthisan Cream (for relief of insect bites/stings) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| The provision of Hypoallergenic plasters | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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

| | |
|---------------------|--|
| Parental signature: | |
| Date: | |

Please complete and return in a sealed envelope to the School Secretary during the Induction Afternoon.