



**Parental Consent to Administer Emergency Medication (Form PCAEM )**

**School name:** Please enter your child’s school.....

<p>I consent that my child:</p> <p>Name(as on passport) _____</p> <p>Date of Birth _____</p> <p>Phone No _____ Year group _____ Class _____</p>	
<p>be given the appropriate medication in the following cases</p> <ol style="list-style-type: none"> <li>1. Administration of Epinephrine in an acute allergic reaction (anaphylactic shock)</li> <li>2. Administration of Salbutamol Inhaler to control asthmatic symptoms</li> <li>3. Administration of Oral Glucose for hypoglycemia</li> <li>4. Administration of Paracetamol to control mild to moderate pain and fever</li> <li>5. Administration (topical) of Antihistamine Cream for allergic reaction</li> </ol>	
<p>Any precautions that school personnel need to know?</p>	<p>Any contraindications that school personnel 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 (tick) 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</p>	

Parent/Guardian-Full name: .....

Parent / Guardian Signature:.....

Date:.....