



مدرسة ام.اس.بي. الخاصه

MSB PRIVATE SCHOOL

CONSENT FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL

In the event that your child develops fever, has a pain or any allergies or allergic reaction and the school is unable to contact you, allow the school to administer paracetamol, Antacid or Antihistamine if required.

In the event of school being unable to contact me, **I consent** / **I do not consent** to give my child required medication if it be considering necessary by the school nurse or doctor.

CONSENT FOR MEDICAL EXAMINATION

It is a requirement of the Department of Health and Medical Service that all the children have a medical examination. All new admission when they join school (whatever Year), FS, Year 1, Year 5, Year 9 and also while leaving school, our school doctor carries out medical examinations at the school. The examination includes the measurement of height and weight, examination of the ear, throat, heart and lungs, abdomen and in boys, a check for normal genital development for Year 1 students. Screening for hearing and vision will be done for Year 1 and above.

Please complete and sign the consent below. If you do not consent to the medical examination being carried out in the school, you must get it conducted privately by your doctor and submit a medical report for your child's file.

I consent / **I do not consent** to my child being examined at school.

CONSENT FOR THE EMERGENCY TREATMENT AND TRANSFER TO HOSPITAL

To administer first aid and emergency medicine treatment and arrange transfer to hospital in the event of an accident or emergency. [Emergency medications are lifesaving medicines like Adrenaline, Hydrocortisone, Chloropherramine, Glucagon etc.]

I consent / **I do not consent** for my child to be taken to the Hospital in the event of an accident/emergency and administer above medications if required.

Name of the student: Year:

Name of Parent/Guardian:

Signed:

Date: