BOARDING HOUSE MEDICAL CONSENT

Dear Parents/Guardians,

In order that we may provide your child with appropriate care, as per your consent, we ask that you complete this consent form for over-the-counter medications (i.e. Medications which are readily available from a chemist). This does not refer to prescribed medications (i.e. Medications the doctor has written a prescription for). All prescription medications are to be held by boarding staff and administered as required.

Should your child become injured or ill while in Boarding, do we have your permission to administer the following medications? (Please cross out any medications you do not give consent for).

- **Alcohol Ear Drops (Aqua Ear)**, will not be administered unless ear examined by School Nurse, used for swimmer’s ear
- **Alka Seltzer** (contains Aspirin), used to settle stomachs
- **Antihistamine** (Claratyne, Telfast, Polaramine), used to treat allergies
- **Aspirin** (Not for children under 12 years), used for pain, also used as a poultice for stings and bites
- **Arnica** (Naturopathic bruising relief)
- **Betadine** used to clean ‘dirty’ wounds
- **Cepacaine Gargle** for relief of sore throats
- **Clonea/Canestan Cream** used for fungal skin infections
- **Cold and Flu Tablets** used to relieve pain and nasal congestion
- **Cough Medicine** (cough suppressant only, for a dry irritating cough)
- **Dencorub/Deep Heat** used for muscular aches
- **Ibuprofen** (Nurofen), anti inflammatory, used for muscular aches and pain
- **Panadeine** used for strong pain (children over 12 years)
- **Paracetamol** (Panadol), used to control pain and fever
- **Paw Paw Ointment**, used for wounds and bites
- **Savlon**, antiseptic cream used for wounds
- **Salbutamol** (Ventolin), used to treat asthma
- **SM33 Oral Gel** will not be administered unless mouth examined by School Nurse
- **Stingose** used for stings and insect bites
- **Sunscreen** used to prevent sunburn
Travelcalm or Quells used to relieve travel sickness
Zovirax used to treat cold sores

STUDENT DETAILS

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Does your child have any allergies? __________________________________________
____________________________________
____________________________________
____________________________________

Does your child have Asthma? ________________________________

PARENT/GUARDIAN

Name: ______________________________________

Signature: _______________________________ Date: __________

Jennifer Grace
School Nurse

Document Date: 11 November 2013
Document Review: 25 September 2015