

PERMISSION TO ADMINISTER MEDICATION AT SCHOOL - 2019



I, _____ (full name and surname), and ID number: _____, being the parent/guardian of learner (full names and surname) _____, date of birth: _____, Grade: _____ hereby give permission for him/her to have the following medication while administered while at school.

Please *initial* in the table below which medication (*or generic equivalent thereof*) you give the designated staff permission to administer, at their discretion where deemed necessary. In the event of medication being administered and no desired effect having been reached within two hours, you will be contacted to collect your child. All reasonable attempts will be made to contact parents or guardian on telephone numbers supplied in the indemnity form. NO medication will be given if you have not initialled in the "yes" block on this form, or if this form is not signed. I also hereby give permission for Pretoria Preparatory School Staff permission to transport my child to nearest Emergency Hospital should we feel that he/she requires urgent medical attention and you are not immediately available.

Allergies: _____

Diagnosed medical conditions: _____

Medical aid name: _____ Number: _____

Medication	Indication	Yes (Initial)	No (Initial)
Allergex tablets	Antihistamine		
Anthisan cream	Antihistamine		
Bactroban cream	Antibacterial		
Bisolvin linctus	Mucolytic		
Buscopan	Antispasmodic		
Refresh	Eye preparation		
Hibitain	General disinfectant		
Imodium tablet	Antidiarrhoeals		
Valoid	Antivertigo and antiemetic		
Panado syrup	Analgesic and antipyretic		
Panado tablet	Analgesic and antipyretic		
Rehydrate solution	Minerals and electrolytes		
Rennie/ Tums tablet	Antacid		
Strepsils or throat lozenges	Mouth and throat preparations		
Reparil/Panamore ointment	Topical agent for muscles		
Rescue Remedy	Emotional Stress		

Please note that all personal medication required for Asthma, Allergies, Beestings etc MUST please be sent to school clearly marked in a sealed Ziplock bag with dosage/ instructions as well as emergency contact details clearly marked.

In the case of an emergency or the parent is unable to fetch the child we will make use of an ambulance service to transport child to hospital.

Own medication supplied by parent and given to a PPS educator:

	Name of Medication	Indication	Dose	Frequency
1				
2				
3				

PARENT / GUARDIAN'S SIGNATURE

DATE

Please attach a copy of the main members ID book and medical aid card.