



# St. Joseph's School Abu Dhabi

## MEDICAL CONSENT FORM

**Name:** \_\_\_\_\_ **Reg. No.** \_\_\_\_\_

**Class:** \_\_\_\_\_ **Div:** \_\_\_\_\_

The following medications are available in the school clinic in the school clinic and used in case of emergencies.

- |  |                         |
|--|-------------------------|
| <input type="checkbox"/> Paracetoamol syrup/Tablet       | Headache, fever, pain   |
| <input type="checkbox"/> Scopinal syrup/ Buscopan tablet | Abdominal pain          |
| <input type="checkbox"/> Fenistil gel                    | Insect bites            |
| <input type="checkbox"/> Betadine                        | Wound cleaning          |
| <input type="checkbox"/> Deep Heat                       | Muscle pain             |
| <input type="checkbox"/> Reparil Gel                     | Post traumatic swelling |
| <input type="checkbox"/> Strepsils                       | Sore Throat             |
| <input type="checkbox"/> Glucose (oral)                  | Dizziness, Hypoglycemia |

### Kindly tick the appropriate box

- I allow my child to receive medications from the school clinic.
- I do not allow my child to receive medications from the school clinic.

### Medication allergies:

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**Parent's/Guardian Signature:** \_\_\_\_\_

**Phone No./Mobile No:** \_\_\_\_\_