

Appendix 6

Medication administered at Primary SchoolThe British School of AmsterdamParental Consent For The Administration Of Medicine Or Treatment to Children

CHILD'S NAME _____ CLASS _____

DATE OF BIRTH _____

Instructions re: timing, quantity/degree, method and duration of treatment (please attach any note from GP or Consultant)

N.B.* delivery of medicines should be made to the school by the parent or by another adult acting at the request of the parent.

I/We agree that: _____

- a) The treatment may be administered by persons without medical qualifications.
- b) The school will be notified immediately in the event of any change in circumstances relating to treatment.

I/We acknowledge that the school cannot guarantee compliance with the treatment directions and that the school will not be liable for any shortcomings.

Signed _____ Date _____

This medication was administered by

Name	Time	Date	Name
_____	_____	_____	_____
_____	_____	_____	_____

Appendix 6b

Medication administered at Senior School

The British School of Amsterdam

Parental Consent For The Administration Of Medicine Or Treatment to Children

CHILD'S NAME _____ CLASS _____

DATE OF BIRTH _____

Instructions re: timing, quantity/degree, method and duration of treatment (please attach any note from GP or Consultant)

I/We agree that: _____

- a) Our child may administer his/her own medication.
- b) The school will be notified immediately in the event of any change in circumstances relating to treatment.

I/We acknowledge that the school cannot guarantee compliance with the treatment directions and that the school will not be liable for any shortcomings.

Signed _____

Date _____