

Medical Consent Form



THE BRITISH SCHOOL
Nursery
New Delhi, India



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MEDICATION PERMISSION (Please Check "✓" Yes or No)

I give permission for the School Nurse to administer the medications listed below, without prior contact for permission. (Please tick appropriate box)

1. Acetaminophen for headache or minor discomfort. _____ Yes _____ No _____
(Other names for this are Tylenol, Panadol, Paracetamol, Crocin)
2. Topical ointments or solutions for minor wounds, skin _____ Yes _____ No _____
irritations, and insect bites/stings
(full list is available in the Health Office)
3. Cough syrup for cough _____ Yes _____ No _____
4. ELECTRAL — Rehydration _____ Yes _____ No _____

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

PARENT AGREEMENT AND CONSENT (Please check "✓" each box)

- While I expect the school authorities to exercise reasonable precautions to avoid injury, I understand that the school has no financial obligation for any injury or illness that may occur during activities.
- I authorise the teacher/nurse to administer medications as described.
- I authorise the teacher/nurse to attain medical treatment and care for any injury or illness that may occur during activities.
- I further consent to emergency treatment of any sort deemed necessary by the first responding medical person (or by any physician designated by proper school authorities) for any illness or injury that may occur during activities, and I shall not hold him/her liable in a court of law.
- I understand that in the event of a medical emergency, every effort will be made to notify parents/guardian as soon as possible.

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

Immunisations

REQUIRED IMMUNISATIONS PARENT/PHYSICIAN MUST PROVIDE DATES (day/month/year)

If any assistance is needed with this form, please contact our Nurse Supervisor at nurse@british-school.org

IMMUNISATIONS	1 st dose	2 nd dose	3 rd dose	4 th dose	5 th dose	TD (Over age 7)
Diphtheria, Tetanus, Pertussis — DTP, DTaP or DT						
Poliomyelitis						
HIB (Haemophiles Influenza Type b)						
MMR (Measles, Mumps, Rubella)			If the student has contracted measles or varicella (chicken pox) please note in the boxes.			
Measles (if given separately)						
Hepatitis B						

Recommended immunisations — Please fill in the year/s in which any of these were given.

Hepatitis A: 1 _____ 2 _____
 Meningococcal: _____
 Varicella (Chicken Pox): _____
 Typhoid: _____
 Rabies: 1 _____ 2 _____ 3 _____
 Japanese Encephalitis: 1 _____ 2 _____ 3 _____
 Others: _____

THE FOLLOWING DETAILS MUST BE COMPLETED BY A LICENSED PRACTITIONER.

A: Tuberculosis Screening

TB screening must have been done within 12 months prior to entering *The British School, New Delhi*. This requirement is waived if the child has had a BCG vaccination.

- BCG (Tuberculosis vaccination) if given: Date _____
- Please DO ONE of the following for students to provide evidence that the student is free from tuberculosis.
 - PPD %TU Mantoux: Date _____ Result (mm induration) _____ OR
 - Chest X-ray: Date _____ Result _____

B: Physical Examination

Date of Physical Examination _____

Height _____ Weight _____ Vision R _____ L _____ Normal _____
 Referred _____

CLINICAL EXAM:	NORMAL	SIGNIFICANT HISTORY OR ABNORMAL EXAM: EXPLAIN
1. Skin		
2. Eyes		
3. Ears, Nose and Mouth		
4. Respiratory (asthma, other)		
5. Nutritional status		
6. Developmental status		
7. Surgery or serious illness		
8. Other		

Name of the Physician: _____ Signature: _____

Date _____

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE SCHOOL NURSE IN WRITING (nurse@british-school.org) OF ANY CHANGES TO THE INFORMATION GIVEN IN THIS FORM.