



BRUMMANA HIGH SCHOOL

Medicine Permission Form

For completion by a parent whose child requires the administration of prescribed or non-prescribed medicine(s) whilst the child is at school or on a school trip. This form should be sent in a sealed envelope, **with the medicine(s)**, for the appropriate number of days, to the School Nurse at the Upper or Lower School Sick Bay.

The completion of this form is on the understanding that permission is being given to the school to administer the specified medication below at the instructions of the parent who has signed below.

Parents are reminded that prescription medicines cannot be administered without the School Doctor's approval.

Please note that a child who is unwell is better kept at home.

Child's full name	
Class	
Name of medicine(s)	
Details of dosage, number of days, and timing	
Any other instructions or information e.g. storage requirements or details for inhalers etc.	
Contact phone number of parent or guardian for emergency use	
Name and phone number of family doctor or doctor who prescribed the medicine	
I give permission for the school to administer the specified dose(s) of the above named medicine to the child named on this document. If there is any change to the dosage specified above, I will notify the School Nurse by email on nathalie.sebaaly@bhs.edu.lb (Lower School) or gina.aboujaoude@bhs.edu.lb (Upper School) or an amended Medicine Permission Form.	
Parent's name (printed)	
Parent's signature	
Date	

Sick Bay use only

Checked with the School Doctor	
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Copies of this form are available on the school Website page: <http://bhs.edu.lb/campus-life/medical-care/>