

## Administration of Medicines and Treatment Consent Form

Childs name: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_ parent / guardian authorise Baobab Montessori (Pty) Ltd and its employees to administer medication on my behalf. The following ticked medication may be administered to my child without further consent. I will be notified should medication be administered.

<input type="checkbox"/>	Calpol
<input type="checkbox"/>	Nurofen
<input type="checkbox"/>	Allergex
<input type="checkbox"/>	Prospan cough mixture
<input type="checkbox"/>	Charcoal tablets (natural)

I agree to indemnify and hold harmless Baobab Montessori (Pty) Ltd and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of medication.

OR

I \_\_\_\_\_ parent / guardian request that no medication is administered to my child.

Is your child allergic to any medication? Yes / No

If yes to above question, which are they allergic to?

\_\_\_\_\_  
Please outline any special dietary requirements of your child and specify any food allergies.

\_\_\_\_\_  
Does your child require chronic medication e.g. asthma pump, EpiPen? Yes / No

If yes to the above question;

Is your child's medication in their school bag at all time? Yes / No

The school is not in possession of an EpiPen and does not keep asthma medication. Should your child require such medication in an emergency it is essential that it is in their bag at ALL times.

Should my child need to be taken to a hospital to receive further medical treatment (please select below option)

<input type="checkbox"/>	I authorise that in an emergency and I am unreachable or cannot get to the school in time one of Baobab Montessori's employees may transport my child to the nearest hospital which is Sandton Medi Clinic. I agree to indemnify and hold harmless Baobab Montessori (Pty) Ltd and its employees against any claims, except based on willful and wanton conduct, arising while transporting them to the nearest hospital to receive medical treatment.
<input type="checkbox"/>	I do not give permission for an employee of Baobab Montessori (Pty) Ltd to take my child to the hospital should I not be contactable. I understand the associated risk to this option and choose for my child to wait for me or an ambulance to receive care.

Should an employee of Baobab Montessori (Pty) Ltd not be able to contact me please have them contact one of the below people.

1. \_\_\_\_\_ on +27 \_\_\_\_\_
2. \_\_\_\_\_ on +27 \_\_\_\_\_
3. \_\_\_\_\_ on +27 \_\_\_\_\_

Medical Aid: \_\_\_\_\_ Number: \_\_\_\_\_

Parent/Guardian printed name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_