حكومـــة دبـــي
GOVERNMENT OF DUBAI

هـــيئة الصحـة بدبـي
DUBAI HEALTH AUTHORITY

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Public Health Protection Department- School Health Section

Parental/Guardian Consent & Medication Record to Administer Prescribed Medication

Student Full Name:____		**D.O.B:**_________________	**Age:**______________________
EMIRATE ID:____		**Student ID:**_____________	**Gender:** ☐ Male ☐ Female
School Name:____		**Grade:**_________________	**Nationality:**________________
Treating physician details: Name:____ Workplace:____ Contact No:____		**Allergy Status:**______________________________________ **Medical Diagnosis/ condition:** ____	
Medication Name :______________________________		**Medication Strength:** _______________________	**Expiry Date:** _______________
Dose:___________________	**Frequency:**___________________	**Start Date** ______________	**End Date:**_________________
Route for administering the medication: ☐ By mouth ☐ Injection ☐ Inhalation ☐ Topical ☐ Other: (specify)_________________________		**What time does medication need to be given at school?** _______________AM _______________PM	
Any precautions/ contraindications that school personnel need to know? ____			
To ensure student safety. School Medical staff is responsible to read the instructions in original prescription prior to completing the record & adhere to the principles of drug administration. **Please attach the copy of original prescription.** school medical Team (name & license ID): ____ Signature: ____Date:____			
I understand it is my responsibility to send the medication to school in the original pharmacy container labeled with my child's name, treating physician's instructions/care plan and provide the original prescription and any other documentation to assist in the safe administration of the specified medications. Parent/Guardian-Full name: ____ Parent/Guardian signature: ____________________________Mobile No:__________________________Date_________________			

Student Full Name:___________________________________				**Student ID:____________**	**Hasana ID:_____________**
Medication Name: _____________________________________				**Emirates ID:_______________________________________**	
DATE	**TIME**	**DOSE**	**ROUTE**	**NAME OF STAFF & SIGNATURE**	**NOTE**