

SAHK Jockey Club Elaine Field School  
2022-2023 Parents Notice

**Parents' authorization on the use of topical medicine by school**

1<sup>st</sup> September, 2022

Dear Parents,

[This is the summary of the Chinese Version as attached]

Students may have mild sickness or mild injury at school, under consent from parents, we may use topical medicine for students, for example, we may use Mepyramine cream 2% for insect bites, Hirudoid cream for bruises etc., please refer to the attached authorization letter for other details.

School may not use all the medicine listed in the authorization letter, we will only use the topical medicine if it is really necessary. If parents have any enquiries, please feel free to contact school nurse.

Please kindly sign the authorization letter and return to school nurses on or before **8<sup>th</sup> September, 2022 (Thur)** for record. Thank you for your attention.

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Mr. Suen Yau Man  
Principal

# SAHK Jockey Club Elaine Field School

## Parents' authorization on the use of topical medicine by school

Name of student : \_\_\_\_\_ Class : \_\_\_\_\_

I authorize school to give the following topical medicine to my child in case he/she has mild sickness/injury at school.

Can	Cannot	Has allergy	Medicine	Uses
			Hirudoid	Dealing with bruises, swelling & redness
			Antihistamine cream	Antipruritic, dealing with insect bites, anti allergy
			Normal Saline	Wound cleansing
			Spray dressing	Cover small wound
			Vaseline	Dealing with dry skin or lip
			Mosquito repellent spray	Prevention of mosquito bites

Please ✓ in the appropriate box.

I understand that school will use the above topical medicine to alleviate mild sickness or injury of my child and my child has no allergy regarding the above listed medicine.

I understand this cannot substitute Doctor's treatment. I will seek Doctor's advice as requested by school in case necessary.

Remarks :

1. The school will only use the topical medicine listed above when necessary.
2. If parents have any enquiries, please don't hesitate to contact school nurse or go to medical room to see the medicine sample.

Signature of parent/guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_