



Parental consent for the use of medication in school

As a school we are looking to provide the best care to your child whilst in our care. In the event that your child is unwell at school, we are able to administer over the counter medication with your parental consent.

The medicines will be administered in accordance with the dosages and age ranges on the packet and will be recorded in the school office.

You will also be informed with a phone call prior to your child being given any medication.

Name of child: _____

Date of Birth: _____

Child's Class: _____

I _____ *(insert your name)* give permission for the medication signed for below to be administered to my child when necessary.

Name of Medication	Purpose of Medication	Please sign below against each medicine we may administer
Paracetamol: For example, Calpol	Pain relief	
Ibuprofen	Pain relief	
Piriton	Hay fever symptoms	
Antiseptic Cream: for example, Savlon	Bite and sting relief/minor grazes	

Allergies

Please tick where appropriate:

☐ To the best of my knowledge my child has no allergies.

☐ My child is allergic to: _____

Signed: _____

Print Name: _____

Dated: _____