

Parent/carer consent to administer short-term non-prescribed medicines

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. If further information is needed, we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

Student's Name:	DOB:
Year Group:	Form:

The Medicines Policy permits the school to administer the following non-prescription medication if your child develops the relevant symptoms during the school day. Students will be given a standard dose suitable to their age and weight. A note will be made in your child's planner to inform you when the school has administered medication. The school holds a small stock of the following medicines:

<input type="checkbox"/>	Paracetamol
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<input type="checkbox"/>	Anti-histamine
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Tick the non-prescription medications above that you give your consent for the school to administer during the school day and confirm that you have administered these medications in the past without adverse effect. Please keep the school informed of any changes to this consent.

Signature(s) Parent/Carer:

Print name:.....

Date:.....