



PARENT/GUARDIAN CONSENT TO ADMINISTER SHORT-TERM NON-PRESCRIBED 'AD-HOC' MEDICINES

The school will not administer medication unless this form is completed and signed. This information will be kept securely with all other medical 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.

PUPILS NAME: _____

CLASS: _____

DATE of BIRTH: _____

The Medicines Policy permits the school to administer the following non-prescription medication if your child develops the relevant symptoms during the school day. Pupils will be given a standard dose suitable to their age and weight. You will be informed before the school administers the medication by a telephone call. The school holds a small stock of the following medicines:

PARACETAMOL: YES / NO

ANTIHISTAMINE: YES / NO

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/GUARDIAN: _____

PRINT NAME: _____

DATE: _____