

## Parental Consent Form B

### Paracetamol / Ibuprofen / Antihistamine

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.

#### SECTION A parent / carer to complete

**Pupil name :**

**Date of birth :**

**Medical conditions :**

**Allergies :**

#### SECTION B parent / carer to complete

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 when the school has administered medication by the staff team. The school holds a small stock of the following medicines:

**Paracetamol**

**Ibuprofen (pupils age 12 and over. Not to be given to any pupils with asthma)**

**Anti-histamine**

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.

#### SECTION C parent / carer to complete

**Name :**

**Relationship to child :**

**Signature :**

**Date :**

#### SECTION D school leadership team to complete

I agree that the school will administer this medication in line with the details provided

**Name :**

**Position :**

**Signature :**

**Date :**