

2 Medication Information

Please tick the box for each medication you are happy for school to administer if required.

Paracetamol

Ibuprofen

Antihistamine (Piriton)

Simple Cough Linctus/Sweets

Please note that the school may still contact parents/guardians by telephone to confirm that the above medications can be administered. This may be to ensure that your child remains within the daily dosage limits, or to confirm that there is no reason on that particular occasion the child should not be taking that medication.

All other medications will need additional forms.

Students must bring in their own medication into school and take this to the First Aider located in Reception for safe storage. If your child requires liquid medication please provide this in the original packaging with the child's name and tutor group clearly labelled.

3. Permission

I agree that the medications ticked above can be administered to my child during the school day. I understand that only the above medication can be given and the school reserve the right to refuse to administer the above medication if it is felt unsafe to do so.

Signed: Date: / /

Parent/Guardian

Print Name:

Relationship to Student: