



Dear Parent/Carer

Parental Consent To Administer Painkillers

Parents/Carers are often contacted by the academy to request medication for a child suffering with a headache or other ailment.

In order to support parents/carers we are now able to provide pain medication with your permission.

Please complete (in block capitals) the permission slip below and return to the Academy by **Tuesday 26th September.**

Yours sincerely

Glen Allott
Principal

Name of Child Form

Doctor's name

Address

.....

Telephone No

I give permission for my child to be administered with the following non-prescribed medicines (at the dose recommended for their age). I agree that the academy may supply the stated medicine.

Tick if dosage permission given

- Calpol 6+ (250mg paracetamol/5ml) 2 x 5ml (once during the academy day)
- Paracetamol caplets (500mg) 1 caplet or 2 caplets (if over 12 years) (once during the school day)

I confirm that my child has no allergies to the above medication

I understand that I will be contacted prior to my child being administered the medication.

Name Parent/Carer Signed

Date