



MEDICATION CONSENT FORM

Please complete and return to school

Child's Name: _____ DOB: _____

As part of the ongoing monitoring of the physical health of children and young people, the School Nurse and Medical Support Staff may periodically take weight and height measurements. This information is recorded and then fed back to parents/carers and is discussed at appointments with the Consultant Paediatrician.

Please indicate whether you are happy for this growth monitoring to be undertaken whilst your child / young person is at Doubletrees School: **Yes** **No**

Does your child have any Allergies? **Yes** **No**

If Yes, please give details: _____

Please **list all medicines** your child takes at home regularly even if not to be given in school

Name of Medication	Type and Strength of Preparation	Dose to be given	Amount of times per day it is given	Time(s) of day It is to be given at school
e.g. Ibuprofen	e.g. Liquid 100mg/5ml	e.g. 100mg (5ml)	e.g. Three	e.g. 1pm

*The school stock a generic form of paracetamol in tablet and liquid form. We ask you not to send paracetamol into school unless it has been prescribed by a doctor and has a clear, named pharmacy label for your child/young person.

I confirm that I would like my child to receive the medication specified above

I confirm that I will inform the school in writing if there are any changes to the above

Even if your child is not on regular medication it may still be necessary for paracetamol or other first aid items to be administered to your child whilst they are in school. We will always notify you if we have given any of the following medication to your child.

Please indicate if you are happy for any of the following Medication to be given to your child:

<u>Medication Strength/Amount/Comments</u>	<u>Permission</u>	
Calpol	Yes / No	_____
Paracetamol	Yes / No	_____
Antiseptic wipes	Yes / No	_____
Arnica cream for bruises	Yes / No	_____
Anthisan for bites and stings	Yes / No	_____
E45 cream	Yes / No	_____
Vaseline	Yes / No	_____
Suncream	Yes / No	_____

Parent/Carer Print Name: _____

Parent/Carer Signature _____ **Date** _____

