



### Use of Medication in School

Occasionally it may be necessary for our school's First Aiders to administer medication held within school. In order to do this we need written permission. You will **always** be notified before we use this medication. Please tick below which medication(s) you consent to being administered to your child in school.

I give consent for the school's medication as indicated below to be used for my child \_\_\_\_\_ if necessary.

Paracetamol

Ibuprofen

Antihistamine

Sting Ointment

Signature of Parent / Carer \_\_\_\_\_

Relation to child \_\_\_\_\_

Date \_\_\_\_\_