

March 2012

**Dear Parents/Guardians,**

**PARACETAMOL**

Occasionally a child will come to us with a minor pain (e.g. an earache or headache) and there will be times they ask for some paracetamol. The school's policy is that we do not supply paracetamol to students without written permission from the parent/guardian. The child must also have their own supply of tablets that will be kept in the medical room.

The school will only give a dose of paracetamol if a child complains of pain after giving the child a drink, sitting them quietly or letting them lie down for a while. If the pain does not ease and we have no supply of the child's own pain relief, we will contact you by phone to ask for you to bring in a supply of paracetamol that will be kept for your child only. It is also a legal requirement that we have written permission from you before it is given.

We would be grateful if you would complete the medication permission form below which asks you to indicate your consent to the school giving Paracetamol tablets / liquid suspension in the event of headache, etc. Please ensure you fill in all the details and provide the paracetamol in the original container.

Please ensure that you inform the office of any changes with regards to personal details. Contact numbers, change of address etc.

**Paracetamol will not be issued without written consent.**

Mr K Williams EMT  
Medical



# THOMAS HARDYE SCHOOL

## Parental agreement for the school to administer medicine.

The school will not give your child medicine unless you complete and sign this form.

PLEASE COMPLETE IN BLOCK CAPS

<b>Child's name</b>	
<b>Tutor Group</b>	
<b>Name of medicine</b>	
<b>Expiry date</b>	
<b>How much to give</b> <i>(i.e. dose to be given)</i>	
<b>When to be given</b>	
<b>Any other instructions</b>	

**Note: Medicines must be in the original container** (as dispensed by the pharmacy etc)

Parent's daytime phone no.	
Name and phone no. of GP	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine as instructed above.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I will ensure that supplies are adequate and up-to-date.

Parent's signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Please return this form along with the medication, in its original container, to:

*Medical  
Thomas Hardy School  
Queens Ave  
Dorchester  
DT1 2ET*

If more than one medicine is to be given a separate form should be completed for each one. Medication that is out of date will be disposed of and will not be given to the student.