

KIMBOLTON SCHOOL

CONSENT TO ADMINISTER OVER THE COUNTER MEDICATION

During his/her time at the school your child may require simple "over the counter" medication. The school doctor has agreed that the school nursing staff may administer these medications if required.

The following medications are included: Paracetamol (tablets or syrup i.e. Calpol)
Strepsils
Piriton OR Cetirizine
Anthisan cream

Please sign below to authorise this.

I _____ (*parent*) authorise the school nursing staff to administer over the counter medication as required to _____ (*pupil*)

Signed

parent/guardian

Date

If you do not wish for the nursing staff to administer these medications, please cross through the whole form, and sign and date.

Please note that in the case of prescribed medication (e.g. antibiotics), there must be a letter from the parent/guardian with the medication, giving authority to the school nurse to administer the medicine.

The medicine must be clearly labelled identifying the medication, prescribed dosage, date dispensed and the student's name.