**A conversation between the Parent/Carer and the First Aider needs to have occurred prior to the following form being accepted.**

|  |  |
| --- | --- |
| Date: |  |
| Child’s name: |  |
| Class: |  |
| Reason for medication: |  |
| Name of medication administered at home today: |  |
| Dose already given today: |  |
| Time of last dose given: |  |
| Medication to be given if required (provided by school or prescribed): | Pease delete as appropriate:Calpol/Calpol 6+ (or generic equivalent) |
| Dose to be given: |  |
| Time of Dose (First Aider to complete):*(Minimum of 4 hours after last dose and no more than 4 doses in a 24 hour period)* |  |

I confirm that I give my permission for the nominated member of school staff to administer this medicine to my son/daughter **at lunchtime** today.

I will inform the establishment immediately if there is any change in dosage.

The above information is accurate at the time of writing.

Signature of parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(typed names will be regarded as a signature for the purposes of this form)

Date: \_\_\_\_\_\_\_\_\_\_\_\_