

# PARENTAL CONTACT INFORMATION AND PARACETAMOL AND PRESCRIBED MEDICATION CONSENT

**NAME OF PUPIL** .....

(Child's name if full)

**DATE OF BIRTH** .....

**ADDRESS** .....

**HOME PHONE NUMBER** .....

**NAME OF PARENT(S)/CARER(S)** .....

**MOBILE PHONE NUMBER** .....

**EMAIL ADDRESS** .....

**NAME OF EMERGENCY CONTACT** .....

**RELATIONSHIP TO PUPIL** .....

**EMERGENCY CONTACT NUMBER** .....

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Existing Medical Conditions .....

Any Regular Prescribed Medication .....

Any Side Effects Shown by Your Child .....

**PLEASE DELETE ONE OF THE STATEMENTS BELOW AND SIGN THE FORM**

*I do not give consent to the school administering any medication to my child*

**or**

*I give consent for Paracetamol, non-prescription medication and prescribed medication to be administered to my child at the discretion of senior members of staff. I will inform the school of any changes to my child's medical circumstances.*

**Signature of Parent / Carer** .....

**Date** .....



A fo ben bid bont