

POWNALL GREEN PRIMARY SCHOOL

PERMISSION TO RECEIVE MEDICINE ~ SHORT TERM (up to 2 weeks)

I give permission for:

\_\_\_\_\_ (name of child) \_\_\_\_\_ (class)

to be given the following medicine:

\_\_\_\_\_ (medicine) \_\_\_\_\_ (dose)

On the following days (please complete):

Date	Time
	12-12:30pm
	12-12:30pm
	12-12:30pm
	12-12:30pm
	12-12:30pm

Date	Time
	12-12:30pm
	12-12:30pm
	12-12:30pm
	12-12:30pm
	12-12:30pm

For any medicines containing **paracetamol** this form should be completed **daily** and the following completed:

Has your child had any medicine containing paracetamol in the last 24 hours? Yes / No\*

If so, at what time and what dose was given? \_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (dose)

Were there any adverse reactions? Yes / No\*

Has your child ever had any problems with paracetamol? Yes / No\*

\* Please delete as appropriate.

Signed: \_\_\_\_\_ (Parent/Carer) \_\_\_\_\_ (date)

**Please note:**

**-All medicines must be clearly labelled with child's full name and class.**

**-All medicine must be handed in to the school office in its original container.**

**-Administration of medicines will be supervised by a member of staff authorised by the Headteacher.**

**-Please collect any unused medicines from the school office (after short-term course has been completed). They must be collected by an adult. Any medicines that are not collected within a week will be disposed of.**

**-For conditions requiring longer term medication (more than 2 weeks) please use the LONG TERM form.**

**-Children in Reception must only have medicines in school which have been specifically been prescribed for them by a doctor, dentist, nurse or pharmacist (ie no over-the-counter medicines) – this is in accordance with EYFS Statutory Guidance 2012.**