The Rivers C.of E. Academy Trust

Cutnall Green C E Primary School LOVE LEARN LIVE

Cutnall Green CofE Primary School

MEDICATION CONSENT FORM

First aid trained staff are now permitted to administer some medication in the event of an emergency. By signing this consent form, your child will be given the medication in an emergency. Staff will then contact you to inform you of any medication given to your child.

I give permission for ..... Date of birth _____

To be given:

Paediatric Paracetamol **[YES]** **[NO]**

Reason: .....

.....

Anti-Histamines **[YES]** **[NO]**

Reason: .....

.....

Sailbutamol Inhaler **[YES]** **[NO]**

Reason: .....

_____

I understand that it is my responsibility to inform school of any medical changes, reactions, medical needs and/or changes to consent.

Signed (Parent/Carer): ..... Date: _____

Name (Parent/Carer): .....