



## Ripon Grammar School

### Parental request for paracetamol to be taken at school

School staff will not give your child medicine unless you complete and sign this form.  
The school has a policy that the staff can administer certain medicines.

<b>Childs name:</b>		<b>DOB:</b>
<b>Medical condition/illness:</b>	Pain relief	<b>Class/form:</b>
<b>Name/type of medicine (as described on the container)</b>	Paracetamol 500mg tablets	
<b>Expiry date</b>	Stock	
<b>Dosage and method</b>	(Please state whether your child has 1 or 2 tablets.)	
<b>Times of day medicine is to be administered</b>	As required	
<b>Special precautions / instructions</b>		
<b>Are there any side effects that the school needs to know about?</b>		
<b>Procedures to take in an emergency</b>	Phone 999 and parent/guardian	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy and the prescribers instructions.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is to be stopped.

I understand that, where medicine is not self- administered, it will be given by non-medically qualified staff.

I agree not to hold staff responsible for loss, damage or injury when undertaking agreed administration/supervision of medication unless resulting from their negligence.

Name of Parent.....

Signature of parent..... Date.....

Relationship to Child.....

**School Consent:**

- The school agree to administer the above as requested
- Staff administering medication or supervising the administration of medication have received any necessary training
- Staff are insured to undertake the above

Name of Headteacher/designated person.....

Signature .....Date.....