

Non Prescription Medication for Pupils



I agree that my child can be treated with the below non-prescription medication by staff at Danecourt School

Pupil Name: _____ Date of Birth: _____

Signed: _____ Print Name: _____ Date: _____

Parent / Carer (please delete as appropriate)

Symptom	Medication	Dose	Dose Frequency	Other Information
<i>Example: Pain relief</i>	<i>Calpol</i>	<i>5ml</i>	<i>Every 4 hours</i>	<i>Ensure that no other medicine containing paracetamol is being taken. Staff to contact parent prior to administration</i>

