## Medical Information- RETURN HARD COPY TO SCHOOL

**Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B\_\_\_\_\_\_\_\_\_\_\_**

We will have some medical supplies for the children in case of minor ailments, but need your permission to administer it. Please tick and sign the rest of this form as necessary.

Paracetamol

Ibuprofen (for injuries)

Cough Mixture

Throat pastilles

Milk of Magnesia (or equivalent for upset stomachs)

Aftersun/sunscreen

I agree to the above being administered to my child if required

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/guardian

I agree to the accompanying staff to act on my behalf in giving permission for the necessary medical/dental treatment to be given to my child should it be required.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/guardian



