

# ASHLYNS SCHOOL



## CONSENT TO GIVE IBUPROFEN AND PARACETAMOL IN SCHOOL

I hereby give my written permission for the school to administer paracetamol and ibuprofen to my son/daughter. Please note that verbal permission will always be obtained from a parent/carer at the time of dispensing the pain relief medication. If we are unable to contact you then ibuprofen or paracetamol will **not** be administered. Dosage will be given according to age.

Please tick the relevant box:

Yes  Please sign section below      No  not sign section below

I understand this is a service which the school is not obliged to provide.

If your child needs regular pain relief please fill in a Request for School to Store Medication form (MED1) and supply your own medication.

Name of student: \_\_\_\_\_

Current Form: \_\_\_\_\_

Parent/Carer signature: \_\_\_\_\_

Parent/Carer name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

Please email [admin@ashlyns.herts.sch.uk](mailto:admin@ashlyns.herts.sch.uk) if you subsequently wish to withdraw consent.

If you have any questions please contact the First Aid Administrator on 01442 863605 ext 2239 or email [admin@ashlyns.herts.sch.uk](mailto:admin@ashlyns.herts.sch.uk) for the attention of the First Aid Administrator.

Chesham Road, Berkhamsted, Hertfordshire HP4 3AH  
T: 01442 863605 F: 01442 876292  
E: [admin@ashlyns.herts.sch.uk](mailto:admin@ashlyns.herts.sch.uk) [www.ashlyns.herts.sch.uk](http://www.ashlyns.herts.sch.uk)

Head Teacher: James Shapland BSc, MSc