

St Oscar Romero Catholic School

Medical Conditions and Paracetamol/Ibuprofen Consent

Student's Name:

Date of Birth:	Year Group:
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Medical Condition: (if your son/daughter has no medical conditions please state 'none')

Is your child Registered Disabled: YES/NO

Asthma – PLEASE COMPLETE IF YOUR CHILD HAS ASTHMA
My child has Asthma and carries their own inhaler <input type="checkbox"/>
My child has Asthma and we will supply an inhaler to be held in school <input type="checkbox"/>
In the event of an emergency I give consent for the school to use an emergency Salbutamol Kit <input type="checkbox"/>

Medication:
Will medication for your child need to be held in school? (e.g. EpiPen/Inhaler)
YES/NO

Please note that it is your responsibility to inform the school of any changes to your son/daughter's health immediately

Request for school to administer Paracetamol/Ibuprofen

I give permission for _____ (student's name) to have one/two (500 mg) of Paracetamol at school, when required.

I give permission for _____ (student's name) to have one/two (200 mg) of Ibuprofen at school, when required.

Only one dose is allowed per day.

I confirm that Paracetamol/Ibuprofen has been administered to him/her previously with no adverse effect.

Signed:	Dated:
Print name:	Relationship to student:

The school will provide Paracetamol between 12 noon and 2pm. If Paracetamol is required outside of those times your verbal consent will be required in addition to this written consent.

You must inform the school promptly of any changes to your consent to administer Paracetamol or Ibuprofen.