## ADMINISTRATION OF AD-HOC MEDICINE/CREAMS AND TREATMENTS

If you would be happy for a trained member of staff to administer Calpol in the event of your child suffering pain (headache etc), Waspeze (cream) in the event of a sting, Anthisan (antihistamine cream) in the event of nettle rash/insect bites, and sun cream (in an emergency). Please state yes or no below. All medicines and creams will be in-date.
If your child is an Asthmatic and their inhaler is empty or not in school, we have emergency, in-date inhalers in school. If you would be happy for your child to use one of these as an emergency, please state below.

If you are happy for a trained member of staff to remove a splinter, please state yes or no below.

We will endeavour to contact parents by phone in all the above events or will send a text/note if unable to make contact.

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

| | Please state Yes or No to the items below |
|---|---|
| Calpol SixPlus | |
| Piriton *(in event of allergy reaction)* | |
| Anthisan Cream | |
| Sun Cream (in an emergency) | |
| Ventolin Inhaler (Known Asthmatics only) | |
| Removal of a Splinter | |

I give consent to school staff administering the above medicines/creams and treatment in accordance with the school policy. I will ensure that any non-prescribed medicines I ask the school to administer do not interact with any other medicines my child takes. **These administration of medicine/creams will be for the duration of his/her time at Grange Junior School, unless we hear any different from you.**

Signature(s) _____ Date _____
(Parent/Carer with parental responsibility)