

Warnham CE Primary School

Parent/guardian consent to administer short-term  
non-prescribed 'ad-hoc' medicines

Your child was, today, given the medicine below on your instruction via a telephone conversation with the office staff.

|             |  |
|-------------|--|
| Childs Name |  |
| D.O.B.      |  |
| Class       |  |

**Paracetamol**

**Antihistamine**

Dosage given \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

Administered by \_\_\_\_\_ Witnessed by \_\_\_\_\_

Parents Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Please sign and return to the School Office tomorrow**