



Consent for the administration of Calpol or Antihistamines

In the event that my child is feeling unwell or has a minor ache/pain, I give my consent for a member of staff to administer the age-appropriate dose of **Calpol or Calpol 6+**.

My child has taken this medication on previous occasions and, to my knowledge, has not displayed any adverse reactions.

Comments

.....
.....

Signed Date

Relationship to child

.....

In the event that my child is experiencing minor hay fever symptoms, I give my consent for a member of staff to administer the age-appropriate dose of **antihistamine** (i.e. Zirtec or Piriton).

My child has taken this medication on previous occasions and, to my knowledge, has not displayed any adverse reactions.

Comments

.....
.....

Signed Date

Relationship to child

.....

If the above medication is given to children, staff will contact the parents/carers to let them know and discuss whether the child should be collected or requires any further treatment.