



BUCKINGHAM PREPARATORY SCHOOL

Emergency Medicine Consent Form

If your child is feeling unwell at school and we have been unable to contact you, we will consider administering first aid treatment if it is considered necessary. Please confirm which of the medicines/dressings listed below that you authorise school to give to your child should the need arise.

Child's Name: Class..... Date of Birth:

Medicine	Allergy to product	Permission to administer
Calpol (Paracetamol based) 5-10ml (age dependent)	Yes/No	Yes/No
Nurofen (Ibuprofen based) 5-10ml (age dependent)	Yes/No	Yes/No
Piriton (Antihistamine) 2.5 – 10ml (age dependent)	Yes/No	Yes/No
Pain Relieving Burn Gel	Yes/No	Yes/No
Dextro Energy Lozenges	Yes/No	Yes/No
Plasters, Steri-strip or dressings	Yes/No	Yes/No
Wipes	Yes/No	Yes/No

Please be advised that these medicines will only be administered by a member of staff with prior parental consent and only if the school feels the situation requires intervention due to a parent being unable to be contacted.

Authorisation declaration:

I give permission for the school to administer the above indicated medication if deemed necessary for minor ailments by a school first aider.

In the event of a more serious situation, and if a parent has been uncontactable, I give permission for the school to act "in loco parentis" on my behalf to give consent for such treatment (including surgery) as is absolutely necessary to be carried out by a health care professional. I understand that the school will always attempt to obtain parental consent first where it is possible to do so.

Signed:

Date:

Parent/Guardian