

Godstowe

Non-Prescribed Medication

Parental Consent Form

I give permission for Sister or Boarding Staff to administer the following non-prescribed medication to my daughter or son:

Pupil Name: _____

Form: _____

Paracetamol

Calpol

Ibuprofen (gel and spray for injuries)

Cough Linctus and Lozenges

Day parents will be informed if any of the above medications are dispensed during the school day.

Parent/guardian signature _____

Print name: _____

Date: _____

