 **Tower Hill**

**Primary School**

Dear Parent/Carer

We are writing to ask you if you’d be happy for us to give your child the occasional dose of paracetamol under limited circumstances (if they get a headache, or any other type of mild to moderate pain). We will stick to the directions on the bottle, which tell us the correct dose to give.

Obviously we wouldn’t keep them in school unnecessarily if they were very poorly and we’d contact you if needed. If we did give them any paracetamol during school time, we’d let you know about this by telephoning and verbally receiving consent before giving the medicine.

With paracetamol, there needs to be a minimum of 4 hours in between doses, hence if we needed to give them any paracetamol within 4 hours of when they first arrived at school, we’d contact you to ask if they’d already had any paracetamol that morning (including paracetamol contained in any cough or cold treatments they’d had that morning).

With the above in mind, can you complete the following and return this letter to us. If we do not hear from you, we will assume that you do not want us to give your child paracetamol at school.

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I am happy for you to give my child paracetamol and I am confirming that:

* They have had paracetamol before and they didn’t have an allergic reaction to it
* They are not currently taking any medicines that would interact with paracetamol (you can ask a pharmacist if needs be)
* I will inform the school if they start any medicines which would interact with paracetamol (you can ask a pharmacist if needs be)

Parent/carers signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_/\_\_/\_\_\_\_ Class: \_\_\_\_\_\_

Date signed: \_\_/\_\_/\_\_\_\_

We will need to re-send this letter each year to check that any of these circumstances have changed.