



MEDICAL CONSENT FORM

During the coming years there may, on occasions, be the need to administer a paracetamol based pain relief (Calpol) to a child should they be complaining of a minor ailment such as a headache. The Premier Academy would always attempt to contact parents to discuss a child's ailment and gain verbal permission to administer such a medicine.

In the rare instance where a child urgently requires medical treatment either in school or during an out of school activity and it is not possible to contact parents, the school must be authorised to give consent on the parents' behalf.

Please note that the school must be kept updated with any allergies / medical concerns as and when they arise.

Therefore, in the event of an emergency occurring or a child suffering from a mild ailment, please sign the permission form below and return to school.

MEDICAL CONSENT FORM

I agree to my child being given a paracetamol based pain relief (Calpol) should the need arise and I understand that The Premier Academy would always attempt to contact me / us to discuss my child's ailment and gain verbal permission.

I agree that, if my child urgently requires medical treatment either in school or during an out of school activity and it is not possible to contact me / us, the school is authorised to give consent on our behalf.

I confirm that I / we will keep the school updated with any allergies / medical concerns should they arise.

Child's name in full: _____

Signed: _____ Parent / Carer

Date: _____