



New Milton Junior School

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Dear Parent/Carer

Request to administer non- prescribed paracetamol / antihistamine

We are writing to ask you if you'd be happy for us to give your child the occasional dose of paracetamol (Calpol) or an antihistamine (Piriton) under limited circumstances (if they get a headache, or any type of mild pain or bee/wasp sting, or hay fever). We will stick to the direction on the bottle/packet which will 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 (Calpol) / antihistamine (Piriton) during school time, we'd let you know about this (via phone call or text message).

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

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 (Calpol) or antihistamine (Piriton) at school.

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

- They have had paracetamol (Calpol) / antihistamine (Piriton) before and they didn't have an allergic reaction to either
- They are not currently taking any medicines that would interact with paracetamol or antihistamine (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 need be)

Parents/carers signature: _____

Relationship to child: _____

Name of child: _____

Date of birth: ____/____/____ class: _____

Date Signed: ____/____/____