

**Swanmore Primary School
Permission to administer Calpol**

Please complete this form in order to give the school permission to administer calpol on a **specific day**. Please provide us with the reason for requiring Calpol together with any medication your child has taken in the last 24 hours. We will administer the Calpol as per your instructions and return the slip below to confirm this has taken place.

Child's name: Class:

Please could my child be given Calpol today

Date: at (time)

Please tick which type:

Infant Calpol 6+ Calpol & amount ml

Reason for requiring Calpol today:

.....

Has your child taken any other medication within the last 24 hours, if so please give details:

.....

Instruction received by phone or in person

Signed: Date:

Name: Relationship:



Administration of Calpol – Confirmation Slip

Child's name: Class:

As per your instructions your child was given

Infant Calpol 6+ Calpol & amount ml

Date: Time:

Signed: Name:

Infant Calpol 6+ Calpol & amount ml

Date: Time:

Signed: Name: