



**THORNDEN  
SCHOOL**

Winchester Road, Chandler's Ford, Eastleigh, Hampshire S053 2DW

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Dear Parent/Guardian,

There may be occasions during school hours when it is considered appropriate for a pupil to be given pain relief in the form of Paracetamol; for example if they have a headache, period pain or following a minor injury. In line with Department of Education Guidance please can you complete the following consent slip and return it to Mrs Prince, School Nurse **as soon as possible**.

You will be informed via your child's logbook if he/she is given a dose of Paracetamol during school. Please be reassured that your child will NOT be given Paracetamol if he/she has already had a dose within the previous four hours.

If you have any queries please do not hesitate to contact the School Nurse.

Thanking you in advance.

Yours sincerely,

Wendy Prince  
School Nurse  
02380 246 577

**CONSENT FOR ADMINISTRATION OF PARACETAMOL**

Pupil's Name:

Tutor Group:

In the event that my child is experiencing pain/fever I consent to him/her being given an age appropriate dose of Paracetamol.

YES

NO

Signature:

Name (print):

Date: