



Tring School

Headteacher: Mrs Susanna Collings BSc(Hons), MA
Mortimer Hill Tring Herts HP23 5JD

RIDGEWAY
LEARNING PARTNERSHIP

Company No. 8056991

Dear Parent/Carer

Please find below a consent form which we would ask you to complete and return if you would like the school to give your child pain relief on your behalf. By giving your consent on this form, you are giving your permission for the school to act on your behalf in administering pain relief and accept that we will do so without contacting you first.

Please do not hesitate to contact me if you have any questions or concerns.

Yours faithfully

Mrs R Smith-Blackett

First Aid Administrator

Parental/Carer Consent to Administer Paracetamol

Tring School will only give a student Paracetamol with parental consent

Student name	
Date of birth	
Registration Group	

The dose given to a pupil will be in accordance with the manufacturer's instructions.

I give consent for Tring School staff to administer Paracetamol in accordance with the school policy. I understand and accept that this is a service that the school is not obliged to undertake.

Parent/carers signature	
Print name	
Date	

This consent will last for the duration of the student's attendance at Tring School unless we hear to the contrary.

