

## **AYLSHAM HIGH SCHOOL**

## Parental consent form for administration of school Ibuprofen for students 12 years

This form must be completed **in full** and **signed** by the student's parent/carer.

Ibuprofen must have been administered previously by the parent/carer to minimise the risk of adverse or allergic reaction to any new medication.

We will only administer ibuprofen to children over the age of 12 years.

Student name:	
Date of birth:	
Year/tutor group:	
Medication to be administered:	Ibuprofen Tablets 200mg
Are there any side effects that you know of that your child has to Ibuprofen?	
CONTACT DETAILS:	
Parent/Carer name (please print):	
Telephone number:	
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Relationship to child:	
*	
Relationship to child:	