



Whitstable Junior School

Oxford Street, Whitstable, Kent, CT5 1DB

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Dear Parents & Carers

Pain Relief Consent

Sometimes the unforeseen need to give pain relief (Calpol 6+ or Nurofen) arises during the school day, for minor ailments such as mild headaches and toothache. The purpose of this letter is to seek written consent for your child to receive pain relief, if needed.

In such an instance, you will be contacted beforehand by a member of staff at Whitstable Junior School, who will ask you to confirm (to them and another member of staff) that your child is able to receive the medicine.

Once the medicine has been administered, a record – stating the reason, dose and time given will be made. A text message with this information will also be sent.

Kind regards,

Sarah Kent

Headteacher

Should the need arise, I give permission for my child to be administered the recommended dose of:

Paracetamol such as Calpol 6+

Ibuprofen such as Nurofen (please tick)

Child's Name

Date of Birth

Class.....

Parent/Carer Signature

Print Name

Date

