

Darnhall Primary School
Sandyhill Road
WINSFORD
Cheshire
CW7 1JL



Telephone: (01606) 593315

Headteacher: Sarah Tomlinson B.Ed (Hons), N.P.Q.H.
Deputy Headteacher: Sarah Jardine B.Mus, P.G.C.E, N.P.Q.M.L.
Deputy Headteacher: Natasha Mulholland B.A Hons

Dear Parents and Carers,

CONSENT FOR THE SCHOOL TO GIVE CALPOL

Please can you complete the details on the back of this letter and sign and return this form to school to give consent for your child to receive Calpol in school if required.

Your consent will last for your child's whole time at Darnhall Primary. It is your responsibility to inform the school if you wish to withdraw your consent.

We will always notify you if your child feels unwell and needs Calpol but we also require written consent from Parents/Carers.

If you have any questions regarding this matter, please email contact@darnhall.cheshire.sch.uk

Kind regards,

Darnhall Primary School

contact@darnhall.cheshire.sch.uk
www.darnhall.cheshire.sch.uk



CALPOL CONSENT REPLY

CHILD'S NAME: _____

CHILD'S CLASS: _____

Please delete as appropriate:

I give my consent for my child to be given Calpol whilst in school as and when needed.

OR

I **DO NOT** give my consent for my child to be given Calpol whilst in school. If any medicine is needed, I will come to school and provide this.

I will update school if my child develops an allergy to Calpol in the future or if I wish to withdraw my consent.

PARENT'S / CARER'S NAME _____

SIGNED _____

DATE _____

contact@darnhall.cheshire.sch.uk
www.darnhall.cheshire.sch.uk

