



Dear Parents

First Aid

In the event we have to administer first aid to your child we would like your permission for our trained first-aiders to administer the medications listed below. Can you please complete the slip and return it to the school office as soon as possible. Thank you.

Obviously, if we have any concerns about any child's injury we will continue to contact parents, as we do at present. Please ensure we have your most up to date contact number. Thank you.

Yours sincerely

Mrs Helen Brambani
Headteacher



Child's name **Class:**.....

I give my permission for the following medication/cool water to be used for administering first aid to my child. *(Please tick the boxes)*. I have deleted those medications I do not want used for administering first aid to my child.

Sponge cool water to face, arms and legs if heatstroke is suspected

Savlon Dry Spray

Wasp-Eze

Anti-histamine Cream

Antiseptic Wipes

Antiseptic Cream

Plasters

I do not want any of the above to be used to administer first aid to my child

Signed Date:
Parent / Guardian