



Brockham Community Hall, Wheelers Lane, Brockham Surrey RH3 7LG

Consent Form for Calpol and Piriton

I give permission for my child.....

to have the recommended dosage for their age of; (tick to agree)

Calpol []

Piriton []

I agree that Calpol will only be provided if my child has a temperature of 38c and above.

I agree that Piriton will only be given to treat an allergic reaction whilst at Brockham Green Nursery.

Parent Name

Parent Signature.....

Date