



**Partnership, Learning
and Success for all**

Park Lane School
Specialist School for Communication and Interaction

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Headteacher - Ms Lorraine Warmer

CONSENT TO TREATMENT

Dear Parents/Guardians,

Please complete the following details to be kept on file at school.

Name of Pupil: _____

Date of Birth: _____

Name of Parent/Guardian: _____

Address of parent/Guardian: _____

Telephone Number: _____

General Practitioner: _____

Telephone Number: _____

Does your child have any allergies? Yes/No (if yes, please state) _____

Does your child have medication at home? Yes/No (if yes, please state) _____

Medication required at school? Yes/No (if yes, please state) _____

Medication for emergency only – Paracetamol Yes/No

If you wish Ibuprofen to be given could you please supply with your child's name on the box/bottle. This will be kept in stock for your child.

I authorise school nurse to administer medication when required.

Parent/Guardian signature: _____ Date: _____

School Nurse signature: _____ Date: _____

