



# Holy Family Catholic High School

Virgin's Lane, Thornton, Liverpool L23 4UL.  
Tel: 0151 924 6451 Fax: 0151 932 1417  
Headteacher: Mr M Symes BA(Hons), NPQH

Thursday, 01 May 2025

Dear Parents,

We have noticed a significant increase in the number of pupils experiencing symptoms of hay fever recently, especially following outdoor PE lessons. Unfortunately, we have exhausted our supply of medication for hay fever relief.

If your child normally takes hay fever tablets, we kindly request that you administer a dose before they come to school. Alternatively, please complete the form below if you prefer to provide medication for your child. Please ensure that any medication sent into school is clearly labelled with your child's name.

The medication form can also be used if you require your child to have prescribed medication or pain relief during the school day.

Thank you for your understanding and cooperation in helping us support our pupils.

Yours sincerely,

Mr Westbury



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## Parental agreement for school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of school	Holy Family Catholic High School
Name of child	
Date of birth	
Form	
Medical condition or illness	

### **MEDICINE**

Name/type of medicine (as described on the container)	
Expiry date	
Dosage to be given	
Time to be given	
Special precautions/other Instructions	
Are there any side effects that the school need to know about?	
Self-administration y/n	
Procedures to take in an emergency	

*NB: Medicines must be in the original container as dispensed by the chemist*

### **CONTACT DETAILS**

Name	
Daytime telephone no.	
Relationship to child	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with school policy. I will inform the school immediately, in writing, if there is any change in dosage of frequency of the medication or if the medicine is stopped.

Signature \_\_\_\_\_

Date \_\_\_\_\_