

Carpool Permission Form.

Please tick inside the brackets below and sign the slip for us to keep in your child's file.

Name of child: _____

My child does not have an allergy to calpol (_____)

MY child does have an allergy to calpol (_____)

I GIVE PERMISSION (_____)

I DO NOT GIVE PERMISSION (_____)

For my child to be given calpol if felt required

Signed.....

Name.....

Dated.....