AUTHORITY FOR ADMINISTERING PARACETAMOL IN AN EMERGENCY

I, [Parent/Guardian] give authorisation for my child to be administered **one dose of paracetamol**.

I understand that this authorisation is a guideline for administration of a specific dose. I understand that I will be contacted for my permission for each specific emergency. Where students symptoms are not alleviated by the dose given, or in the event of an emergency, I agree to collect my child as soon as possible.

I understand the potential risks and side effects of this medication for my child.

**Child’s name:**

Name, form (infant drops, elixir, suspension, tablet or suppository), and strength of the paracetamol:

- Trade Name:
- Form and Strength:

Dosage to be administered (**one only**):

Condition or circumstance under which to be administered:

- [ ] Fever or temperature over: 
- [ ] Other (provide details)

**Doctor’s name:**

**Address:**

**Phone No.:**

**Emergency contacts names and numbers for child:**

1. Name: [Name] Ph No.: [Ph No.]
2. Name: [Name] Ph No.: [Ph No.]

**Parent/Guardian Signature**

**Parent/Guardian Name:**

**Date:**