AUTHORITY FOR ADMINISTERING PARACETAMOL IN AN EMERGENCY

(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. If 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.

I's name: 

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

Trade Name: 
Form and Strength: 

To be administered (one only): 

situation or circumstance under which to be administered:

☐ Fever or temperature over:
☐ Other (provide details)

r's name: 
ss: 
No.: 

ency contacts names and numbers for child:

Name: 
Name: Ph No.: 
Ph No.: 

Guardian Signature:

Guardian Name: