AUTHORITY FOR ADMINISTERING PARACETAMOL IN AN EMERGENCY

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

Parent/Guardian Signature: ________________________________

Parent/Guardian Name: ________________________________
Date: ________________________________