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: ____________________________ Ph No.: ____________________________
2. Name: ____________________________ Ph No.: ____________________________

Parent/Guardian Signature: ____________________________

Parent/Guardian Name: ____________________________

Date: ____________________________