

FORM: Authority to administer paracetamol

Paracetamol can mask signs and symptoms of illnesses and injuries requiring medical assistance; therefore, students can be administered a maximum of one dose of paracetamol and only in the following circumstances:

- the student is suspected to have a fever; is uncomfortable, irritable or is in discomfort or pain

Child's Name:		Class:	
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Date period the authorisation is for (must not exceed the current school year)

From:		To:	
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Provision of paracetamol

Parents/legal guardians are responsible for providing the paracetamol to be administered to your child. The paracetamol must be provided in the original container and not past its expiry date. The paracetamol must have a pharmacy label attached with the student's name, name of the medication/drug, the 'use by' date, the dosage and frequency of administration.

Trade name:	<input type="checkbox"/> Panadol <input type="checkbox"/> Panamax <input type="checkbox"/> Chemists Own <input type="checkbox"/> Other: _____
Form:	<input type="checkbox"/> infant drops <input type="checkbox"/> elixir <input type="checkbox"/> suspension <input type="checkbox"/> tablets <input type="checkbox"/> capsules
Strength:	
Dose (one only):	

Doctor's details

Name:		Phone number:	
Address:			

Emergency contact details

Name:		Phone number:	
Name:		Phone number:	

- I confirm that my child has had paracetamol before and did not experience any adverse reaction.
- I understand that this authorisation is for a specific dose under specific circumstances
- I understand that I will be contacted for my permission for each specific instance
- Where a student's symptoms are not improved by the dose given, 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 give authorisation for my child to be administered one dose of paracetamol under the circumstances specified above.

Parent/legal guardian Name:		Date:	
Parent/legal guardian Signature:			