

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:	<input type="text"/>
Address:	<input type="text"/>
Phone No.:	<input type="text"/>

Emergency contacts names and numbers for child:

- | | | | |
|----------|----------------------|---------|----------------------|
| 1. Name: | <input type="text"/> | Ph No.: | <input type="text"/> |
| 2. Name: | <input type="text"/> | Ph No.: | <input type="text"/> |

Parent/Guardian Signature

Parent/Guardian Name:
Date: