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 and is in discomfort or pain

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| **Child’s Name:** |  | **Class:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date period the authorisation is for (must not exceed the current school year)** | | | |
| **From:** |  | **To:** |  |

|  |  |
| --- | --- |
| **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 be labelled with the student’s name and class. | |
| **Trade name:** | Panadol  Panamax  Chemists Own  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Form:** | infant drops  elixir  suspension  tablets  capsules |
| **Strength:** |  |
| **Dose (one only):** |  |

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| --- | --- | --- | --- |
| **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.

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