

Parental agreement for school to administer Paracetamol

The school/setting will not give your child medicine unless you complete and sign this form. Paracetamol tablets will be given according to the following guidelines:

Over 16/ adults

Age 12-16 years

- 500-1000 mg (1 tablet)
- 500-1000 mg (1 tablet)

Age 11-12 years

250-500 mg (1/2 -1 tablet)

Paracetamol will not be administered;

- before 12 noon
- following a head injury
- where a student is already on some other medication

| Student Name: | |
|-----------------------------------------------|--|
| Date of Birth: | |
| Any other instructions | |
| | |
| Daytime/ mobile phone no. of parent /carer | |
| GP name and surgery | |
| GP phone number | |

If your child requires more than the dose stated above, please complete an 'Administration of Medicines' form and provide the paracetamol to be given.

I confirm that I have administered paracetamol without adverse effect to my child in the past.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy.

I will inform the school immediately, in writing, if there are any changes to the above request.

Parent/Carer Signature: _____ Date:

If you wish to withdraw consent, please email Matron on matron@johncolet.co.uk