

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 500-1000 mg (1 tablet) Age 12-16 years 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 d of Medicines' form and provide the pa | loses stated above, please complete an 'Administration aracetamol 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