



**Authorisation to administer Paracetamol to a student.**

Name of student: \_\_\_\_\_ Form: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

If required, I hereby authorise a member of staff, as appointed by the Headteacher to administer paracetamol to my child. The school will require my verbal permission at that time.

Paracetamol – Over the counter tablets provided by the school (500mg tablets)

Please specify below the dosage you wish us to administer

1 Tablet                       2 Tablets

I will inform the school immediately if there is change in my child's circumstances.

Signed Parent/Carer: \_\_\_\_\_

Print Parent/Carer: \_\_\_\_\_

Date: \_\_\_\_\_

**Under no circumstances will your child be administered paracetamol without an authorisation form being completed.**