



Ref:

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), and strength of the paracetamol:

- Trade Name:
- Form and Strength:

Dosage to be administered (**one only**):

As per recommended dose on medication or written instructions from medical practitioner

Condition or circumstance under which to be administered:

- Fever or temperature over:
- Other (provide details):

Doctor's name:
Address:
Phone No.:

Emergency contacts names and numbers for child:

- 1. Name: Ph No.:
- 2. Name: Ph No.:

Parent/Guardian Signature

Parent/Guardian Name:
Date:

St Vincent's stores a small amount of **BRAND NAME** Paracetamol tablets. Please provide alternative form of paracetamol if another brand or form is required.