



St Patrick's Primary School, Gympie Authority to administer paracetamol

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; is uncomfortable, irritable or is in discomfort or pain

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 where a particular brand/form is necessary. The paracetamol must be provided in the original container and not past its expiry date and must be labelled with the student's name and class. The school *may* supply paracetamol if none is supplied by the Parent/legal guardian.

Trade name:	<input type="checkbox"/> Panadol <input type="checkbox"/> Panamax <input type="checkbox"/> Chemists Own <input type="checkbox"/> Any <input type="checkbox"/> Other: _____
Form:	<input type="checkbox"/> infant drops <input type="checkbox"/> elixir <input type="checkbox"/> suspension <input type="checkbox"/> tablets <input type="checkbox"/> capsules <input type="checkbox"/> any form
Strength:	
Dose (one only):	

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.

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