**AUTHORITY FOR ADMINISTERING PARACETAMOL IN AN EMERGENCY**

I, [Parent/Guardian's Name] give authorisation for my child [Child's Name] 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 or suppository), and strength of the paracetamol:

- **Trade Name:**
- **Form and Strength:**

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

**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:**