

**Paracetamol Consent Form**

If your child suffers from a minor medical ailment in school, we are able to administer pain relief if we have written permission from you to do so.

One 500mg Paracetamol tablet will be offered, and administered, by a First Aider. You will be informed that paracetamol has been taken.

If students make repeated requests for paracetamol, parents/carers will be informed and the school may withdraw the availability of paracetamol, if appropriate.

If you would like us to administer paracetamol to your child when needed, please complete the permission slip below and return to school. If we do not receive a signed and completed form, no paracetamol will be administered during a school day.

✂-----

**Paracetamol Consent Form**

Child's name ..... Date of Birth .....

I give permission for my child to receive a dose of one paracetamol at school if needed. I understand that it is my responsibility to inform the school if circumstances change. I also understand that the school may withdraw the availability of paracetamol if appropriate.

Signed ..... (Parent/Carer)

Date .....