**Challney High School for Girls**

**Parental agreement for school to administer Paracetamol**

The school/setting will not give your child medicine unless you complete and sign this form. Parents must provide the Paracetamol tablets, clearly labelled with your childs name and which will be given according to the following guidelines:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Age 12-16 years | - | 500-1000 mg (1-2 tablets) |
| Age 11-12 years | - | 250-500 mg (1/2 -1 tablet) |

Paracetamol will **not** be administered;

* before 12.30pm
* following a head injury
* where a student is already on some other medication

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: | | | Date of Birth: |
| How much to give (i.e. dose) |  | | |
| Any other instructions |  | | |
| Daytime/ mobile phone no. of parent /guardian |  | | |
| GP name and surgery | |  | | |
| GP phone number | |  | | |

I confirm that I have administered paracetamol without adverse effect to my child in the past.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy.

I will inform the school immediately, in writing, if there are any changes to the above request.

Date: \_\_\_\_\_\_\_\_\_\_ Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_