



*St Augustine's Parish Primary School*

**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.  
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)

<b>Doctor's name:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>
<b>Phone No.:</b>	<input type="text"/>

**Emergency contacts names and numbers for child:**

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

Parent/Guardian Signature

Parent/Guardian Name:   
Date: