



**KITE RIDGE SCHOOL**  
CHANGING MINDS

**Parental agreement for school to administer  
occasional non-prescription Paracetamol or Calpol  
during the normal school day**

**THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN**

Child's name	
Child's date of birth	

<b>Name of medicine</b> Which paracetamol product is suitable for your child? Calpol Six plus or Paracetamol Tablet.	
<b>Strength of medicine</b> Paracetamol tablet 500mg Calpol Six Plus is 250mg/5ml dose	
<b>Dosage of paracetamol as age bracket:</b> Child 6-12 years - 250-500 mg Child over 12 years & Adult - 500 mg	What is the maximum dose school can administer. E.g. 2x 500mg tablets
<b>When to be given</b> In order to safeguard against double dosing parents/carers will be contacted prior to giving medicine if before 2pm	
<b>Any other instructions</b>	Maximum 4 doses in 24 hours

**Authorisation:**

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

I give consent to school staff to administer paracetamol/Calpol in accordance with the school policy.

I will inform the school immediately, in writing, if my child subsequently is adversely affected by paracetamol/Calpol.

Signature: \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Date: \_\_\_\_\_