



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	

Name and strength of medicine Eg. Paracetamol tablet 500mg Calpol Paediatric is 120mg/5ml dose Calpol Six Plus is 250mg/5ml dose	Which paracetamol product is suitable for your child.
Dosage of paracetamol as age bracket: Child 1-5 years - 120-250 mg 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
When to be given In order to safeguard against double dosing parents will be contacted prior to giving medicine if before 2pm	
Any other instructions	Maximum 4 doses in 24 hours

Name of parent/guardian	
Daytime phone numbers	
Name and phone number of GP	

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: _____

Date: _____

For office use:

Agreed review date :