

Parental Consent for Paracetamol

Administration of Paracetamol in School

Please complete in block letters and hand in to School Reception:



Reading Girls' School holds a supply of 500mg Paracetamol, which can be given to your child to relieve headache, toothache or period pain provided that you have completed and signed the parental consent form below.

You will also need to request and complete a different form whenever your child brings any kind of medicine into school. Administration of other medicine forms can be obtained from Reception as well as forms to allow your child to keep medicines with them.

Aspirin and ibuprofen should not be given to a child under 16 and will only be administered in school if prescribed by a medical practitioner.

- I agree that my daughter/ward* (**delete as applicable*) can be given over the counter, non-prescription 500mg Paracetamol, in school, following verbal consent from me by telephone.
- I understand that a qualified first aider will contact me in the event of such a necessity, having assessed the situation.
- I give my consent for my child to be given 1 / 2 * Paracetamol tablets (**Delete as applicable to specify the maximum number of tablets that can be given at any one time*).

Please complete in block letters and hand in to School Reception:

Student Name:

Tutor Group:

Parent/Carer Signature:

Date:

Parent/Carer Name:

Relationship to Student:

Student Date of Birth:

Student Address:

Parent/Carer Address if different from child:

Doctor's Name:

Surgery Name & Address:

I can be contacted at the following telephone numbers during school hours

Mobile:

Work Tel:

Home Tel: