

JAMES RENNIE SCHOOL

CONSENT TO ADMINISTER PARACETAMOL

I/we give consent for the pupil named below to be given Paracetamol in the event of them being unwell and/or having a high temperature, in accordance with the school's medicines policy and the instructions below.

- Paracetamol will only be administered in line with the recommended age-appropriate dose and frequency stated on the manufacturer's instructions or as directed by a medical practitioner.
- Paracetamol will **not be given for longer than 3 consecutive days without written medical authorisation**. If symptoms persist or the child continues to require pain relief, parents/carers will be contacted and medical advice sought.
- School staff will record all doses given and inform parents/carers on the same day.
- Paracetamol will only be administered when it would be detrimental to a child's health or attendance not to do so, and only with written parental consent.

DETAILS OF PUPIL

Surname: _____

Forename: _____

Date of Birth: _____

Address: _____

Parent/Guardian Telephone No:

Home: _____

Work: _____

Mobile: _____

Signature: _____ Print Name: _____

Relationship to pupil: _____

Date: _____