

## Paracetamol Administration Consent Form

Paracetamol in the form of Calpol is kept in school for emergency use.



**(to be used for children in Class 1)**

**(to be used for children in Class 2)**

Age	Dose	Frequency		Age	Dose	Frequency
2-4 years	7.5 ml	Every 4 hrs		6-8 years	5 ml	Every 4 hrs
4-6 years	10 ml	Every 4 hrs		8-10 years	7.5 ml	Every 4 hrs
Do not give more than 4 doses in any 24 hour period				10-12 years	10 ml	Every 4 hrs
				Do not give more than 4 doses in any 24 hour period		

**Should your child become unwell at school and you would wish an authorised member of staff to be able to administer Calpol to your child, please complete this form.**

For your child to be given this medicine, we require written permission in advance. This information will be held on file at school and verbal permission will be obtained on the day before Calpol is administered. All doses will be recorded and a slip sent home notifying you of the dose and time of administration.

**I consent to my child being given CALPOL if considered necessary during the school day.**

Name of child: .....

Dose to be given ml ..... Date: .....

Signed: (Parent/Guardian): .....