

# Consent to Administer Paracetamol

Dear Parents and Caregivers,

## Administration of Paracetamol at College and during College-related activities

To assist students with medical symptoms that may be aided with paracetamol, the College maintains a conservative quantity of paracetamol liquid and tablets to administer to students on an 'as needs' non-emergency basis. The administration of paracetamol on this basis will only be considered for mild to moderate pain (eg headache, toothache, menstruation) and as deemed appropriate by trained College staff.

For trained members of staff to administer paracetamol to students there must be written and verbal consent from the parent/caregiver. Please complete the section below and return this form to the Campus First Aid Officer if you wish to have College supplied paracetamol made available to your student if required.

Should we have written approval we will contact you by phone before any paracetamol is given to obtain your verbal consent and to confirm whether your child has taken any medication before attending school. Please note that paracetamol will not be issued without both written and verbal consent.

Students who frequently require paracetamol will be asked to provide their own medication and parents will be contacted by the College in these circumstances.

For further details please refer to the Administration of Medication Procedure available on the MyPoP page.

To: Prince of Peace Lutheran College

### Paracetamol Consent

In conjunction with verbal approval, I consent to my child being given one dose of College supplied paracetamol (liquid and/or tablet) in accordance with the dosage instructions on the medication, when deemed suitable by trained College staff. I understand verbal approval will be required on the day paracetamol is required before it can be administered to my child.

**STUDENT'S NAME**..... **GRADE** .....

**PARENT/CAREGIVER NAME** .....

**SIGNED**..... **DATE**.....

Parent/Caregiver

### OFFICE USE ONLY

This consent has been saved in the SEQTA Student Health Centre Records	<b>Name &amp; Initials</b>	<b>Date</b>
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Office Only: Retain a physical copy with the medication and a digital copy of this form in the student's health centre record