

**PARENTAL /CARER CONSENT FOR SCHOOL NURSE TO ADMINISTER PARACETAMOL**

In the event of your child experiencing pain or high temperature whilst at school, the School Nurses are unable to administer Paracetamol without written parental consent. Therefore we ask you to complete and sign this form and return to school as soon as possible. The School Nurse will be unable to administer Paracetamol within 4 hours of your child arriving at school without confirmation that it has not already been given.

***This form will remain valid for one year unless otherwise instructed by you.***

<b>NAME</b>		<b>DOB</b>		<b>CLASS</b>	
<b>ADDRESS</b>					
<b>HOME TEL NO.</b>		<b>MOBILE NO.</b>			
<b>WEIGHT</b>		<b>NHS NO.</b>			

In the event of my child experiencing pain/high temperature (please delete as appropriate), I consent to the School Nurse administering Paracetamol.

**Signature of parent/guardian .....** **Date .....**

**Record of Administration**

<b>Date</b>	<b>Time</b>	<b>Dose</b>	<b>Signature</b>	<b>Date</b>	<b>Time</b>	<b>Dose</b>	<b>Signature</b>