

**DAVISON CE HIGH SCHOOL FOR GIRLS
REQUEST FOR SCHOOL TO ADMINISTER PARACETAMOL
AT SCHOOL AND ON SCHOOL TRIPS**

Student's Name

Year/Form D.O.B.

I give permission for
(Student's name) to have up to one dose (500 mg or 1g*) of paracetamol at school and on school trips, when required. Only one dose is allowed per day. I confirm that paracetamol has been administered to her previously with no adverse effect.

*Please delete as appropriate

Signature:

Print Name:

Relationship to student:

Date:

The school will provide paracetamol between 12 noon and 2pm. If paracetamol is required outside of those times your verbal consent will be required in addition to this written consent.

You must inform the school promptly of any changes to your consent to administer paracetamol

Please note that it is your responsibility to inform the school of any changes to your daughter's health immediately