



Ysgol Robert Owen
Consent to Administer Non-Prescription Paracetamol/Calpol

Parental agreement for school to administer *occasional* non- prescription paracetamol or Calpol (that is provided by the school), if required.

The school will not give your child medicine unless you complete and sign this form.

Child's Name		
Date of Birth		
Name and strength of medicine (delete as appropriate)	Paracetamol	Calpol
When to be given	Every 4-6 hours (Past 12:30 unless otherwise specified by parent/carer)	
Any other instructions	Maximum 4 doses in 24 hours	
Daytime phone no. of parent or adult contact		
Name and phone no. of GP		

*Calpol 6 plus is 250mg/5ml dose
 Paracetamol tablets are usually 500mg per tablet/capsule
 Child 6 – 12 years = 250 – 500mg
 Child 12 – 19 years = 500 – 1000mg

I confirm that I have administered paracetamol/Calpol (*delete as appropriate*) without adverse effect to my child in the past.

I give consent to school staff to administer paracetamol/Calpol (*delete as appropriate*) in accordance with the school policy. I will inform the school immediately, in writing, if my child subsequently is adversely affected by paracetamol/Calpol (*delete as appropriate*).

Parent/carer signature: _____ Date: _____

Name (print) _____