



Authority to administer Paracetamol in an Emergency

I _____ (Parent/Guardian) authorise _____ to administer one (1) dose of paracetamol to my child _____.

I understand that this authority is a guide for administration of a specific dose.

I understand that I will be contacted for my permission for each specific emergency.

In the event of an emergency, I agree to collect my child as soon as possible.

I understand the potential risks and side effects of this medication for my child.

Child's Name: _____

Name, form (infant drops, elixir, suspension) and strength of the paracetamol:

Trade Name: _____

Form and Strength: _____

Dosage to be administered (one only) _____ Time Administered: _____

Condition or circumstance under which to be administered:

1. Fever or temperature _____
2. Earache _____
3. Post Immunisation _____
4. Teething _____

Doctor's Name, Address and Phone Number: _____

Emergency Contacts Names & Numbers for Child: _____

Parent/Guardian Signature _____ Director's Signature _____

Parent Name _____ Director's Name _____

Witness Signature _____ Date _____