



# AYLSHAM HIGH SCHOOL

## Parental consent form for administration of school paracetamol

This form must be completed **in full** and **signed** by the student's parent/carer.

Paracetamol must have been administered previously by the parent/carer to minimise the risk of adverse or allergic reaction to any new medication.

Student name:	
Date of birth:	
Year/tutor group:	
Medication to be administered:	Paracetamol Tablets 500mg
Are there any side effects that you know of that your child has to paracetamol?	
<b>CONTACT DETAILS:</b>	
Parent/Carer name (please print):	
Telephone number:	
Relationship to child:	
Parent/Carer signature: I confirm I am happy for my child to receive 500mg of paracetamol should they need it.	
Date:	