

Dear Parents

We are writing to ask if you would be happy for us to give your child the occasional dose of paracetamol under limited circumstances (if they get a headache or any other type of mild to moderate pain). We have age-related dosage guidelines in place.

Obviously we wouldn't keep them in school unnecessarily if they were very poorly and we would contact you if needed. We would endeavour to contact you beforehand to inform you that we are about to give your child paracetamol.

With paracetamol, there needs to be a minimum of 4 hours in between doses, hence if we needed to give them any paracetamol within 4 hours of when they first arrived at school, we would contact you to ask if they had already had any that morning (including paracetamol contained in any cough or cold treatments they may have had that morning).

With the above in mind, can you complete the slip below and return it to the school office as soon as possible. If we do not hear from you, we will assume that you do not give permission for us to give your child paracetamol at school.

Yours	sincerely	
10013	JIIICCI CIY	

Matthew Dampier
Headteacher

Administration of Paracetamol Child's Name _____ Date of Birth _____ Class _____ I am happy for you to give my child paracetamol and I am confirming that: • They have had paracetamol before and they didn't have an allergic reaction to it • They are not currently taking any medicines that would interact with paracetamol (you can ask a pharmacist if needs be) • I will inform the school if they start any medicines which could interact with paracetamol (you can ask a pharmacist if needs be) Signed _____ (Parent) Date ______



Relationship to child ___

Please return to the school office by return





