FLINDERS
CHRISTIAN COMMUNITY COLLEGE
Hope & Purpose through Christian Education

Paracetamol / Medication Administration Consent 2017

Last Name:	First Name:
Year Level:	D.O.B: Approximate weight:
Brand Name of Medication: (one medication per form)	Dose: Frequency: Expiry Date:
Reason: *(please circle)* Pain relief Antibiotic Allergy relief Other	If your child requires Paracetamol, do you wish to be informed? (please circle): • No • Yes - via phone call • Yes - via First Aid Notification

Please note: Paracetamol / Medication <u>WILL NOT</u> be administered to your child without a medication administration consent form filled in and on record with us. Phone consent will no longer be used.

<u>Only paracetamol will be supplied by the school, no other medicines.</u>

Paracetamol brands supplied by the school include: Panamax, Hedanol, Panadol Children 7+ Years (soluble tablets), Panadol Children 5-12 years Liquid

Please note the following prior to supplying the College with the above medications:

- The medication must be in its original packaging
- A labelled measuring cup or spoon is provided if appropriate
- The medication is clearly labelled with your child's name and date of birth
- The recommended dosage required for your child is clearly displayed
- The medication is within expiry date
- One medication per form
- A parent must hand in all medications to the school nurse

Parent/Guardian Print Name:	Parent/Guardian Signature:	Date:

Medication	Dose	Date	Time	Nurse	Witness	Student Sign

Office use:

Medication	Dose	Date	Time	Nurse	Witness	Student Sign