FLINDERS
CHRISTIAN COMMUNITY COLLEGE
Hope & Purpose through Christian Education

Paracetamol / Medication Administration Consent

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.

The form signed for Paracetamol will be on file during your child's entire school years at FCCC Tyabb.

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

<u>Cough Syrups/Cold & Flu tablets will only be given if prescribed by a GP. Herbal Medicines will not be given to children.</u>

Paracetamol brands supplied by the school include: Panamax, Hedanol, Panadol gsk, 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**