



**Prior consent for the administration of Paracetamol**

Dear Parent,

In order for secondary schools to administer Paracetamol to students, the written consent of parents is required. Please could you complete and return the tear off slip below, indicating whether or not you give consent for the school to administer Paracetamol to your child.

Following consent from parents, Paracetamol tablets or liquid may be administered in the event of: headaches, earaches, toothaches, stomach cramps or muscular pains etc. It will be administered by a First Aider in school and by trip staff in the case of a school trip.

This letter of consent will be effective for the duration of your child’s education at Studley High School (to include trips). Normally one tablet will be given to your child. For hygiene reasons we do not break tablets in order to administer a half-tablet dosage. However, in giving your consent you are authorising the school to administer the recommended dosage of Paracetamol for their age. Recommended dosages are as follows: Children 6-12 years ½ to 1 tablet every 4 hours; Adults & Children over 12 years 1-2 tablets (500 mg to 1 g) taken orally with water every 4 hours. If Paracetamol is requested often we will contact you in case there is a medical reason for this. In some cases we may ask parents to supply Paracetamol tablets for their child to be kept in school.

Please return the completed slip to the First Aid Team at Studley High School.

Yours sincerely

Mrs P Kirk  
Lead First Aider

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I \_\_\_\_\_ (your name), the parent/carer of

\_\_\_\_\_ (Student’s name and Tutor Group)

**do / do not** (delete as appropriate) give prior consent for Studley High School to administer Paracetamol tablets / liquid within school or on trips, for the following reasons: headaches, ear aches, toothache, stomach cramps or muscular pain etc

Signed \_\_\_\_\_ Date \_\_\_\_\_