

## **AUTHORISATION – PARACETAMOL**

If you have any general questions or concerns about the safety of giving paracetamol, guidance can be found at: <https://beta.nhs.uk/medicines/paracetamol-for-children/>

NHS guidance makes clear:

It may not be safe to take paracetamol at the same time as:

- other products containing paracetamol – including combination products where paracetamol is one of the ingredients
- carbamazepine – used to treat epilepsy and some types of pain
- colestyramine – used to reduce itchiness caused by primary biliary cirrhosis (a type of liver disease)
- imatinib and busulfan – used to treat certain types of cancer
- ketoconazole – a type of antifungal medicine
- lixisenatide – used to treat type 2 diabetes
- metoclopramide – used to relieve nausea and vomiting
- phenobarbital, phenytoin and primidone – used to control seizures
- warfarin – used to prevent blood clots

If your child takes any of the medication shown above or has any of the conditions described you should consult with the prescribing doctor before completing this form.

You should only complete and return this form if you are satisfied that you have made the necessary checks and you are confident that your child will suffer no adverse effects from the taking of paracetamol.

Our policy on the Administration of Medication can be found on the Academy web-site at:

<http://woodlands.n-yorks.sch.uk/>

**Pupil's name**

**Date of birth**

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I hereby authorise the Headteacher, or person authorised by the Headteacher, to administer Paracetamol (if required – judged by staff as a reasonably prudent parent might) to my child, named above.

I confirm that my child has taken paracetamol when in my care and suffered no ill-effects.

I understand that the person who administers this non-prescribed medication will not be medically trained and that it is not part of their obligations under their contract of employment.

I understand that the Headteacher and school staff will take such care as would a reasonably prudent parent and I confirm that I will not hold the Governors, the school staff or the Education Authority responsible unless loss, damage or injury is occasioned as a result of their negligence.

I agree that this permission will last for the duration of my child's time at The Woodlands Academy unless I withdraw my permission. I will inform the Academy at once if there are changes to my child's health that would make the use of paracetamol potentially unsafe or if I decide to withdraw my permission for any other reason.

**Signed**

Parent/carer

**Date**

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