

## ASHURST CE AIDED PRIMARY SCHOOL



Please attach a

photo here

## Individual Protocol for a pupil under the age of 10 using paracetamol

<u>Reviewed</u> <u>daily</u>	<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>	<u>Day 4</u>	<u>Day 5</u>
<u>Date</u>					

## Name of pupil:

Date of Birth:

Class:

School:

## Family Contact 1

Name: Relationship: Tel: Home: Tel: Work: Tel: Mobile: Family Contact 2 Name:

Name: Relationship: Tel: Home: Tel: Work: Tel: Mobile:

Contact details for the GP/Consultant /Dentist/Nurse Practitioner/School Nurse who has recommended on demand pain relief

Name: Surgery/Hospital/Clinic: Phone No: Address:

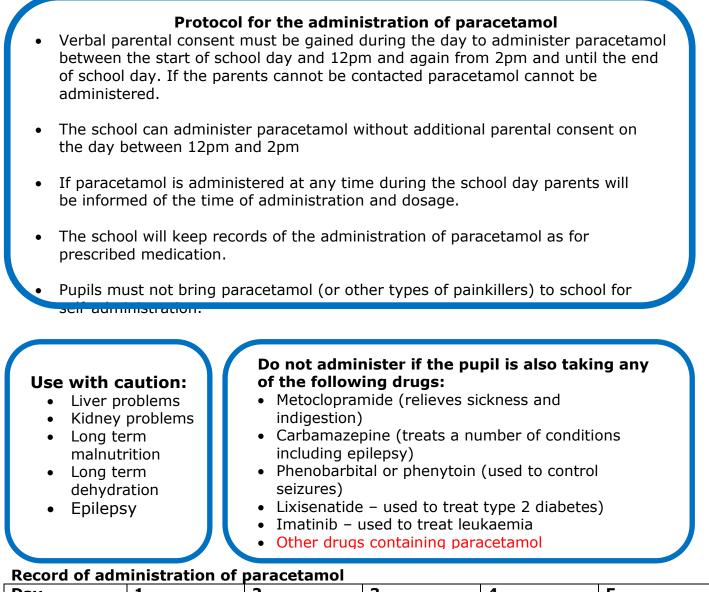
Condition requiring on demand pain-relief:.....

<u>MEDICATION</u> – Standard paracetamol suitable for children supplied by the parent as tablet/liquid (delete as appropriate) **NB. Paracetamol combined with other medication cannot be administered** 

Name of medication:

Dosage & Method: As prescribed on the container appropriate for the age and weight of the pupil. Medication will be administered following the protocol detailed overleaf. Only 1 dose can be administered at school for a maximum of 1 week and this requirement will be reviewed daily by the school in conjunction with the parent/guardian.

Emergency procedures – if the pupil develops a rash or swelling this might be a sign of an allergic reaction or if it is suspected that the child has taken too much paracetamol in a 24 hour period call 999 and then contact the parents.



Day	1	2	3	4	5
Dose					
Time					
Additional parental consent					
gained(time)					

Agreed by: School Representative......Date......Date.....

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.

I confirm that I have administered paracetamol in the past to my child without adverse reaction. I am aware that I will be informed by the school in writing when medication has been administered by (insert method of communication).

I am aware that my child can only have 4 doses of paracetamol in any 24 hour period.

Agreed by: Parent......Date.....Date.....