



- Girraween Activity Centre
- Toongabbie West Activity Centre
- Beresford Road Activity Centre
- Greystanes Activity Centre

Paracetamol Form

Child's Name.....

Reason for giving medication.....

Contact Details – Staff to contact parent before administering medication

Parent's Name.....

Parent's Phone

Time of Call.....

Comments or special Instructions.....

.....

Verbal permission was given to me by this Child's parent to administer medication as described above

Staff Name Staff Signature.....

.....

Dosage of Paracetamol given in Tablet Form / Liquid Form Time given

Dosage given by..... Staff Signature.....

Dosage witnessed by..... Staff Signature.....

Date/...../.....

.....

I understand my child was given Paracetamol in Tablet Form / Liquid Form atam/pm today.

Parent signature..... Date/...../.....

.....