

LITTLE FEATS OOSHC PARACETAMOL AUTHORISATION



Name of Child:	
Reason for giving medication:	
STAFF TO CONTACT PARENT BEFORE ADMINISTERING MEDICATION	
Parent's Name:	Parent's Phone:
Time of Call: ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/>	
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 <input type="checkbox"/> Tablet Form / <input type="checkbox"/> Liquid Form:	Time Given: ____:____ AM/PM
Dosage given by:	Staff Signature:
Dosage witnessed by:	Staff Signature:
I understand my child was given ____ Paracetamol in Tablet Form / Liquid Form at ____:____ AM/PM today	
Parent Signature:	Date: ____ / ____ / ____