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PERMISSION SLIP - Paracetamol

Please complete permission slip below .

In the event that I /we can not be contacted I /we hereby give permission for my/our child

To be given paracetamol in the event that they are running a temperature above 37.5c ,
or please specify temperature.....

Please specify your preference for
Panadol Y/N and or Nurofen Y/N please circle

Signed/.....
Name printed/.....
Date...../.....

Please list all contact numbers you wish me to try before administering paracetamol.

Person 1contact No:.....

Person 2contact No:.....

Person 3contact NO: