



Permission to Administer Paracetamol: <i>(valid till end of current school year)</i>
Student Name:
I authorise the school and its officers to administer paracetamol (eg Panadol) to my child, named above, in the event of headache or other minor pain. I understand that such administration will be in accordance with instructions relating to its use, as published on the packet, especially relating to the quantity and frequency of its use.
Yes No
Signed:
Please indicate if you would like us to notify the parent / guardian before administering Paracetamol:
Yes No
Signed:
Permission to Publish Photographs:
If you do authorise the School to publish photographs of my child, named above, subject to the conditions as outlined in the School's Handbook, please check the box below: <p style="text-align: center;">I hereby authorise the School to publish photographs of my child, named above.</p>
If you do not authorise the School to publish photographs of my child, named above, subject to the conditions as outlined in the School's Handbook, please check the box below: <p style="text-align: center;">I do not authorise the School to publish photographs of my child, named above.</p>
Signed: