



Alice Springs
Family Day Care

Shop 8, Cinema Complex, Leichhardt Terrace, Alice Springs NT 0870
PO Box 1764, Alice Springs NT 0871 ABN 17 545 918 172 Provider No: 555001695s
telephone (08) 8952 3406 facsimile (08) 8952 3010 email office@asfdc.org.au
website www.asfdc.org.au

AUTHORITY TO ADMINISTER PARACETAMOL

In accordance with Alice Springs Family Day Care policy a parent may wish to provide written permission to the Educator allowing the Educator to administer a **single dose only** of Paracetamol to their child, at the Educator's discretion – In accordance with Section 90 part two (2) of the Community Welfare Act 1993.

In the event that I cannot be contacted and my Educator, having tried conventional methods of reducing fever, believes that Paracetamol is required;

I,being the parent/guardian of
..... (child) hereby authorise
..... (Educator) to administer

my child the appropriate dosage of Paracetamol for the age/weight as specified on the bottle.

Any further information the Educator should know before administering Paracetamol to my child:

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Parent/Guardian signature

.....
Co-ordinators signature

Date: