

SYLVANIA HEIGHTS PUBLIC SCHOOL

PERMISSION FOR PANADOL AT BATHURST STUDY TRIP
SEPTEMBER 21-23 2009

Dear Parents/Caregivers,

We will be taking LIQUID PANADOL and PANADOL TABLETS on the camp.

If your child develops a headache or fever whilst away, we would need your written permission to administer a dose of Panadol.

Please fill out the following permission note, otherwise we are legally unable to give this medication if needed.

Fran Hales
Assistant Principal

I give permission for Panadol to be administered to my child:

_____ of class _____ whilst on camp from
21st – 23rd September, 2009.

Dosage permissible 4 hourly if necessary:

1 or 2 (please circle) PANADOL TABLETS

_____ mL (please insert) PANADOL LIQUID.

Signed: _____ (Parent / Guardian) Date _____

Name of Parent (Capitals) _____

OR

I DO NOT GIVE PERMISSION for Panadol to be administered to my child

_____ of class _____

Signed _____ (parent/Caregiver) Date _____

Name of Parent (Capitals) _____