

Dear Parents & Guardians,

The Maleny Independent School requests your permission to administer paracetamol and/or homeopathic first aid should your child require them. Please provide your permission by completing the form, below. If you have any queries or concerns, please contact our office to discuss.

Kind regards

Angie Kelly

Principal

Permission Slip: Administering Paracetamol and Homeopathic First Aid

Child's name **Date of Birth**/...../.....

- ☐ I CONSENT to **Paracetamol** being administered to my child, if necessary.
- ☐ I CONSENT to **homeopathic remedies** being administered to my child as first aid for minor injuries and/or illnesses, if necessary.
- ☐ I DO NOT CONSENT to **Paracetamol** being administered to my child if necessary.
- ☐ I DO NOT CONSENT to **homeopathic remedies** being administered to my child as first aid for minor injuries and/or illnesses.

Parent/Guardian Name:

Signature **Date**/...../.....