

**PARACETAMOL USE AUTHORISATION SCHOOL YEAR 2024-2025**

Mr or Mrs \_\_\_\_\_ ,  
father/mother or tutor/of the student:

\_\_\_\_\_

school level: \_\_\_\_\_

Authorize Peter Pan School to give my son/daughter **paracetamol** in case he/she has high fever, more than 37°C, while we wait for some relative to come and bring him/her home.

The appropriate quantity of PARACETAMOL (100mg/ml oral solution) for my son/daughter is : \_\_\_\_\_mg/ml

The appropriate quantity of PARACETAMOL (tablets of 650 mg) is :  half tablet  
 a tablet

Signature

---

**Basic information on personal data protection**

**Responsible:** Júlia Castells Foundation - Els Arcs Foundation. **Purpose:** Dissemination of the schools and the activities proposed by the foundations. **Legitimation:** Consents of the interested parties. **Recipients:** They will not be transferred to any third party, except for legal obligation **Rights:** You can withdraw consent, access, rectify or delete the data, as well as exercise the rights mentioned in our Privacy Policy. **Additional information:** For more information, consult the Privacy Policy that you will find on our website peterpan.cat

---