# Patient Group Direction

## Agreement by Practitioner

##### Supply of Paracetamol 120mg/5ml by Community Pharmacists

I have read and fully understood the following documents:

##### The Patient Group Direction CP 24 277 Paracetamol 120mg/5ml by Community Pharmacists

I agree to act as a practitioner within the terms of the Patient Group Direction.

**Approved Practitioner:**

Name: …………………………………………….. (Capitals)

Signature: ………………………………………………….

GPhC Reg No : …………………………………………………..

Date: ………………………………………………....

**ONCE YOU HAVE SIGNED THE PGD, YOU MUST COMPLETE THE ELECTRONIC FORM (LINK BELOW)**

[CP 24 277 - Paracetamol 120mg-5ml MS Form](https://forms.office.com/Pages/ResponsePage.aspx?id=veDvEDCgykuAnLXmdF5JmpwSsZHNNhZJtsa3ye51krpUM0tTSTNQV1hRV1daWTdFVFNaTkNJNjdKQS4u)

NHS Ayrshire & Arran accepts vicarious liability for the practitioner acting under the terms of this Patient Group Direction.

Keep copies of completed audits alongside your PGD for local reference. Please retain at local level and ensure audit forms are readily available as they may be required for clinical governance audit purposes.