



# OATLANDS JUNIOR SCHOOL

## INSTRUCTION AND AUTHORISATION FOR THE ADMINISTRATION OF **PRESCRIBED** MEDICATION (including ASTHMA INHALERS)

**Pupils Name**..... **Class**.....

**Medical diagnosis or condition:**.....

### Authorisation

I hereby authorise the Headteacher or person authorised by the Headteacher to administer the medication detailed below. Should any changes in the medication be prescribed I will notify the Headteacher immediately.

I understand that the person who administers the medication will not be medically trained and that it is not part of their obligations under their contract of employment.

I confirm that I will be responsible for the provision of the medication **in an appropriate container** bearing a clear label showing:

- \* the name of the medication
- \* the name of the patient
- \* the dosage
- \* specific directions for the administration
- \* precautions relating to the medication
- \* the name of the dispensing pharmacist/doctor
- \* the date of the issue or the expiry date

I understand that the Headteacher and school staff will take such care as would a reasonable prudent parent, and I confirm that I will not hold the Governors, the school staff or the Education Authority responsible for any loss, damage or injury resulting from the administration of this medication.

### Details of Medication to be Administered in School

Name of Medication	Type (e.g. Tablet, Inhaler, etc.)	Dose	Time	Possible side effects and Action/Precautions to be Taken

**Please state date medication to finish**.....

*\*Please tick as appropriate for inhalers*

I would like my son/daughter to keep his/her inhaler with him/her for use as necessary.

I would like my son/daughter to keep his/her inhaler in the office for use as necessary.

**If more than one medicine is to be given a separate form should be completed for each one.**

**I understand that I must notify the school of any changes in writing.**

Contact telephone number in case of emergency:.....

Signed:..... Date.....  
(Parent/Guardian)

Signed:..... Date.....  
(Oatlands Junior School, Administration)