



OATLANDS JUNIOR SCHOOL



INSTRUCTION AND AUTHORISATION FOR THE ADMINISTRATION OF **NON-PRESCRIBED** MEDICATION

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

Condition:.....

Authorisation

I hereby authorise the Headteacher or person authorised by the Headteacher to administer the medication detailed below.

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 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 Non-Prescribed Medication to be Administered in School

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

Please state date medication to finish.....

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)

(medform)

May 2021