



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.....

Children are not encouraged to carry their own medication. However, where appropriate, we will allow this if written parental permission is received. In this instance the teacher would hold responsibility for the medication, and it would be stored in an accessible area with spare medication being kept at the First Aid room located next to the school office.

**Please tick as appropriate*

☐

I would like my child's class teacher to hold responsibility for the medication, and it would be stored in an accessible area with a spare being kept at the First Aid room located next to the school office

☐

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

☐

I hereby authorise school staff to administer the spare emergency Salbutamol inhaler in the event of an emergency

PTO

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 2023

[illegible]