



# OATLANDS JUNIOR SCHOOL



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

Pupil 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)

[illegible]