

Kildwick CE Primary School

INSTRUCTION AND AUTHORISATION FOR THE ADMINISTRATION OF MEDICATION

Pupil's name Date of birth

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 | ✓ precautions relating to the medication |
| ✓ the name of the patient | ✓ the name of the dispensing pharmacist/doctor |
| ✓ the dosage | ✓ the date of issue <u>or</u> the expiry date |
| ✓ <u>specific</u> directions for administration | |

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

Signed (Parent/Guardian)

Date

This section to be completed only at the end of treatment.

Date treatment stopped

Signed (Parent/Guardian)

