

INSTRUCTION AND AUTHORIZATION FOR MEDICATION TO BE ADMINISTERED IN SCHOOL



Marwood Church of England VC Infant School, Great Ayton

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
- ◇ 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 of Medication e.g. Tablet/Inhaler	Dose	Time	Possible Side Effects and Action/Precautions to be taken

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

To Be Completed By The School

Details of Medication Received in School

Name of Medication	Amount Number	Date of Issue or Expiry Date (indicate which)	Dispensing Pharmacist/Doctor	Signed	Date

Record of Medication Administered in School

Name/Strength of Medication	Dosage	Route of Administration	Dispensing Pharmacist/Doctor	
Dose	Date	Time	Administered By	Witnessed By