



# Sandy Lane Primary School

## Instructions and Authorisation for the Administration of Medical in School (School Staff can only give medication prescribed by a Doctor)

### To Be Completed by the Parent/Carer

Child's Name	
Date of Birth	
Class	
Name of Medication	
Route (i.e. by mouth)	
Dose	
Time to be given	
Possible side effects and actions to be taken	
Parent/Carer Name	
Emergency Contact Number	

### Parent/Carer Authorisation

I hereby authorise the Headteacher or a person authorised by the Headteacher to administer the medication (prescribed by a doctor ONLY) as detailed above. Should any changes in medication be prescribed I will notify the school.

Signed: \_\_\_\_\_ Parent/Carer                      Date: \_\_\_\_\_

\*NB Parents are reminded that the Headteacher and school staff are acting in loco parentis and will take such care of a pupil as a reasonably prudent parent would do.

