

**Gillamoor Church of England (Voluntary Controlled) Primary School**

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**AUTHORISATION FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION**

**School : GILLAMOOR C E SCHOOL**

PUPIL's Name ..... Date of birth .....

**Authorisation**

I hereby authorise the Headteacher or person authorised by the Headteacher to administer the medication detailed on any enclosed slips (example as 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.

Signed ..... Parent/Guardian

Date .....

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**Details of Medication to be Administered in School**

Name of Medication	Type (eg.Tablet, Inhaler, etc.	Dose	Time	Possible side effects and Action/Precautions to be taken

**Details of Medication to be Administered in School**