**Parental Agreement for School to Administer Medicine.**

**Oakbank School, Reading**

Name of child…………………………………………………………………..

Date of Birth……………………………………

Tutor Group……………………………………..

Medical conditions or illness………………………………………………………………..

**Medicine**

Name of medicine/medication………………………………………………………….….

**Note; Medicines must be in the original container as dispensed by the pharmacy with any additional instructions.**

Dosage………………………………………………………………………………….…

Frequency…………………………………………………………………………..……..

Special precautions?.....................................................................................................

Are there any side effects? ……………………………………………………

**Contact Details**

Name………………………………………………………………………………..…….….

Address……………………………………………………………………………………..

Tel.No. Home………………………….…..Mobile………………………………………..

Relationship to child…………………………………………………………

The above information, is to the best of my knowledge, accurate at the time of writing, I give consent to Oakbank School staff to administer medicine. I will inform school immediately, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Parent’s Signature…………………………………….Print name…………………..

Date………………………

**NB:** if medication changes – amend form

If medication type changes – fill in new form

If more than one type of medication is taken at a time – a separate form is needed for each one.