



# Oaklands Infant School: parental agreement for setting to administer medicine



Oaklands Infant School will not give your child medicine unless you complete and sign this form. The school has a policy that the staff can administer medicine.

Name of school/setting	Oaklands Infant School
Name of child	
Date of birth	
Class	
Medical condition or illness	

## Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Days to be taken and timing	
Are there any side effects that the school/setting needs to know about?	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

## Contact Details

Name	
Daytime telephone no.	
Relationship to child	
I understand that I must deliver the medicine personally to	School Office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Oaklands Infant School staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature \_\_\_\_\_

Date \_\_\_\_\_