



Student Medication

Please complete and return this form to Student Services if you require medication to be held in the Student Office for your child. Please complete all sections.

Student's Last Name:	First Name:	Year/Tutor Group:	Date of Birth:	
Home Address:				
Condition or Illness:	Please give details:			
Name of Medication:	Dose:	Frequency/ Times:	Completion date of course (if known):	Expiry date of medicine:
Special instructions:				
Allergies:				
Other prescribed medicines child takes at home:				
Please ✓ the appropriate box				
<input type="checkbox"/> My child will be responsible for self-administration of the medication detailed above.				
<input type="checkbox"/> I agree to members of staff administering medication/providing treatment to my child as detailed above.				
Parent/Carer Contact Nos:	Name: Tel No.	Name: Tel No.		
GP Name:	Address:	Tel No.		
Please read the following statement and sign and date.				
<ul style="list-style-type: none"> • I agree to members of staff administering medication/providing treatment to my child as detailed. • I agree to update information about my child's medical needs held by Oakwood school. • I will ensure that the medication held by Oakwood school has not exceeded its expiry date. 				
Signed		Date		
Please note we can only keep medication in school that has been prescribed by a GP for your child with the exception of Paracetamol. All medication should be provided in its original packaging. If your child requires medication at school, please download a form from the school website to be completed and returned to the Student Office.				