



Student Medication

**Please return to: Student Office, Oakwood School, Balcombe Road, RH6 9AE Tel: 01293 785363.
Only if you require medication to be kept in the Student Support Office for your son/daughter**

Student's Last Name:		First Name:		Year/Tutor Group:	
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.		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 hold Paracetamol and prescribed medication for your child. Medication should be provided in its original packaging.					