

Medication consent form



Oxley Park
Academy
DREAM BELIEVE ACHIEVE

The staff at Oxley Park Academy will not give your child any medication unless you complete and sign this form and a member of the Senior Leadership Team has confirmed that school staff have agreed to administer the medication.

Details of pupil

Reason for medication _____

Name of child: _____ Class: _____

Contact details:

Name: _____ Daytime contact number _____

Relationship to the child _____

I understand that the medication must be delivered to school by a responsible adult to an authorised/appointment person in school and accept that this is a service which the school is not obliged to undertake.

Date: _____ Signature: _____

Medication:

Name/type of medication (as described on the container) _____

How long will your child take this medicine? _____

Date dispensed: _____

Full directions for use:

Dosage and amount (as per instructed on the container) _____

Method: _____

Timing: _____

Special precautions: _____

Self-administration: _____

Signature(s): _____ (Office staff) SLT _____

Office Use: Medical register updated? _____