



## PARENTAL AGREEMENT FOR OAK LODGE TO GIVE YOUR CHILD PRESCRIPTION MEDICATION AT SCHOOL

Name of pupil:
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Date of birth:
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### Details of prescribed medication

Name of medicine	
Strength of medicine	
Expiry date of medicine	
Dosage - how much to give	
Frequency - what time/s of day	
Number of tablets given to the school	
Any other instructions	

### **IMPORTANT NOTE:**

**ALL Medicines must be sent to school in their original container/s as dispensed by the pharmacy.**

Parent/Carer's - daytime contact phone number	
Name of Doctor/GP	
Doctor/GP – daytime contact phone number	

I confirm that the above information is, to the best of my knowledge, accurate at the time of writing and I give consent to staff at Oak Lodge School to administer medicine in accordance with the Oak Lodge School Policy. I will inform Oak Lodge School immediately in writing if there is a change in dosage or frequency of the medication or if the medicine is stopped.

Parent's/Carers signature: .....

Print name: .....

Date: .....