

## Parental agreement for The Oaktree School to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Name of child .....

Date of Birth .....

Class .....

Medical Condition/Illness .....

### Medicine

Name/Type of Medicine .....

(as described on the container) .....

Date dispensed .....

Expiry date .....

Dosage and method .....

Timing .....

### Contact Details

Name .....

Telephone Number .....

Relationship to child .....

I understand that I must deliver and collect the medicine personally and I accept that this is a service that The Oaktree School is not obliged to undertake.

Date ..... Signature(s) .....