

Medical Information



Student Name: _____

DOB: _____

Medical Condition: (please give details of any medical conditions including allergies, asthma, diabetes, epilepsy, fainting etc. and how it may affect your child when at the Academy). If none, please state NONE.

Please attach any medical/consultant notes which will help us to support your child.

If the Academy needs to regulate any medication then this form **MUST be completed prior to any medication being given.**

Please note that we are only able to administer medication prescribed by your GP. All medication needs to be in its original box with the label from the chemist attached stating dosage and timings on the outside and with the instruction leaflet inside.

Single tablets or one strip of tablets cannot be given.

If any of this information is missing then we will not be able to administer the medication.

I agree that the Academy may share the above information with the relevant Oasis staff to ensure that my child is safe and supported during the Academy day.

Parent/Carer Signature: _____ Print Name: _____ Date: _____

Parental Agreement for Oasis Academy Brislington to administer medicine

We will not give your child medicine unless you complete and sign this form:

Name of school/setting	Oasis Academy Brislington
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine	
<i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration	Yes/No (delete as appropriate)
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Oasis Academy Brislington administering medicine. I will inform the school, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I accept that this is a service that the Academy is not obliged to undertake.

Signature(s) _____

Name: _____

Date: _____