



**New Road
SCALLOWAY
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Head Teacher: Mrs Morag Fox



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Parental Request for School to Administer Medication

The School will not give your child medicine unless this form is completed and signed

Surname of pupil..... Forename(s)

Address..... M/F.....

Date of Birth..... Class.....

Condition or illness.....

Name/Type of Medication (as described on the container).....

.....

For how long will your child take this medication

Date dispensed.....

Please sign the statement below if applicable.

This is medication new to my child and they have previously received a dose of it.

Signature(s)

FULL DIRECTIONS FOR USE

Dosage.....

Timing.....

Route e.g. oral, injection etc.....

Side Effects.....

Self Administration.....

Procedures to take in an emergency.....

.....

Emergency contact name.....

Relationship to pupil..... Daytime phone no.....

Address.....

I understand that:

1. I must deliver the medicine personally to(member of staff)
2. If no member of staff who is trained to give medication is available, then the medication will not be given and I will be informed

Signature Date.....

Relationship to pupil