



**FORM TO BE COMPLETED BY PARENTS WHO
WISH THEIR CHILDREN TO
SELF-ADMINISTER MEDICATION**

APPENDIX 2

The school will not give your child permission to take medicine in school unless you complete and sign this form and the Head Teacher has agreed to your request.

School

Pupil's full Name

Address

post code

Date of Birth

Male

Female

Condition or illness

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

For how long will your child take this medication?

Date dispensed

Dosage and method

Full directions for use and timing(s)

Special precautions

Possible side effects

Procedures to take in an emergency

CONTACT INFORMATION

Family contact 1

Name

Phone no

(home)

(work)

Relationship

CONTACT INFORMATION

Family contact 2

Name

Phone no

(home)

(work)

Relationship

I would like my son / daughter to be able to access his / her medication as necessary.

I understand that I am responsible for ensuring that my child has the necessary medicine for his/her condition and that there is the option of handing this in for safe-keeping or for the medication to be carried on his/her person.

I wish to have his/her medication held in safekeeping by school staff

or

I wish to be responsible for carrying his/her own medication

Signature(s).....

.....

Date.....

Current advice from the Scottish Executive recommends that pupils should also sign up, wherever appropriate, to this type of request. Although this is not an absolute requirement, parents may wish to involve their child in the process.

Signature of pupil

Date

A copy of this form, when completed, will be provided to the parents by the Head Teacher.