



**FORM TO BE COMPLETED BY PARENTS WHO  
WISH SCHOOL STAFF TO ADMINISTER  
MEDICATION**

**APPENDIX 1**

The school will not give your child medicine unless you complete and sign this form and the Head Teacher has agreed that school staff can administer the medicine.

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 understand that I must deliver the medicine personally to ..... and accept that the requested administration is a service which the school is not **obliged** to provide.

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.