

Education Services

Parental Agreement for the administration of medication at school

PLEASE USE BLACK INK AND BLOCK LETTERS

The school will not give your child medicine unless you complete and sign this form in line with East Renfrewshire Council's current arrangements:

Child's Name:	Establishment: Isobel Mair School
Date of Birth:	Class:
Medical Condition/illness:	
Any known allergies:	

Home Contact Details	
Name:	Phone No (daytime):
Relationship to child:	
Address:	
Emergency contact 1: Telephone number:	
Relationship to child:	
Emergency contact 2: Telephone number:	
Relationship to child:	
Date:	Review date: