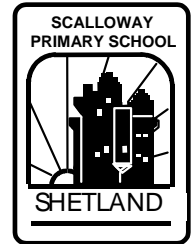




**New Road  
SCALLOWAY  
Shetland ZE1 0TN**  
Head Teacher: Mrs Morag Fox

Tel 01595 743777  
Fax 01595 880787  
E-Mail: scalloway.school@shetland.gov.uk  
Website: www.scalloway.shetland.sch.uk



## Parental Request for School to Administer Medication

**The School will not give your child medicine unless this form is completed and signed. Please note that staff in schools and Early Years settings will not administer the first dose of a medication that is new to a child.** This is in line with publication HCR-0514-087 from the Care Inspectorate.

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 .....