



Working together to improve outcomes for learners to be the best that they can be.

Shetland Islands Council  
Children's Services



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## Parental Request for Pupil to Carry their Medication

*To be completed by parent/carer*

Please note, we recommend that inhalers can be carried by children confident in administering it themselves.  
We would recommend that all other medicines be stored securely in the school office.

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

Address.....

M/F..... Date of Birth..... Class.....

Condition or Illness .....

Name of Medicine .....

Dosage ..... Frequency .....

Procedures to be taken in an Emergency .....

Name of Contact..... Relationship to pupil .....

Daytime Contact Number.....

**I would like my son/daughter to keep and administer his/her own medication as necessary.**

Signed..... Date.....

Relationship to Pupil .....