



**Head Teacher: Mrs Rachel Colclough**  
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**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 the 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.....

**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**.....

**Please read and sign this declaration:**

**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
3. Staff in schools and Early Years Settings must not administer the first dose of a medication that is new to my child.

**Signature(s)**..... **Date**.....

**Relationship to pupil**.....