



Head Teacher: Mrs Rachel Colclough
Children's Services
 Whiteness Primary School
 Whiteness
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Confirmation of the school's agreement to administer medication

I agree that (name of child).....

will receive (quantity and name of medicine).....

everyday at (time medicine to be administered e.g. lunch-time or afternoon break).....

.....

This pupil will be given/supervised whilst he/she takes their medication by (name(s) of member(s) of staff)

.....

This arrangement will continue until (either end date of course of medicine or until instructed by parents)

.....

If a member of staff who is trained to give this medication is not available for any reason, the medication may not be given to the child and the parent will be informed.

Signed (Head Teacher).....

Date.....