

STIRLING COUNCIL CHILDREN'S SERVICES

The school will not give your child medicine unless you complete and sign this form, and the headteacher has agreed that school staff can administer the medicine.

ESTABLISHMENT:

Details of pupil:

Surname: _____ Forename(s) _____

Signature of pupil: _____

Address: _____

Date of Birth: _____ M F

Class: _____

Condition or illness: _____

Medication:

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 and method: _____

Timing: _____

Special precautions: _____

Side effects: _____

Self-administration: _____

Procedures to take in an Emergency:

**** Parents must ensure that in date, properly labelled medication is supplied.***

Contact Details:

Name: _____

Daytime tel no: _____

Relationship to pupil: _____

Address: _____

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Signature: _____ Date: _____

Relationship to pupil: _____

NOTE

Medication will not be accepted by the school unless this form is completed and signed by the parent/carer or legal guardian of the child and the administration of medication is agreed by the headteacher.

This service is provided by volunteer staff who have had instruction and basic training. The headteacher reserves the right to withdraw this service and will inform the parent/carer accordingly.