



Achterellon Primary School
Millwood Road
Ellon
AB41 9NW
Tel: 01358 720863
Fax: 01358 723746

Morag McGowan
Head Teacher

e-mail: achterellon.sch@aberdeenshire.gov.uk

This form is for parents to complete if they wish the school to administer medication. 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 medication.

DETAILS OF PUPIL

Surname: _____
Forename(s): _____
Address: _____

Post Code: _____
Male/Female _____ Date of Birth: _____ Class/Form: _____
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: _____ Yes / No
Procedures to take in an Emergency: _____

CONTACT DETAILS

Name: _____ Daytime Telephone 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.

Date: _____ Signature(s): _____
Relationship to Pupil: _____