



# Shimna Integrated College

The Lawnfield, King Street, Newcastle, BT33 0HD

T: (028) 4372 6107 F: (028) 4372 6109

E: [info@shimna.newcastle.ni.sch.uk](mailto:info@shimna.newcastle.ni.sch.uk)

W: [shimnaintegratedcollege.org](http://shimnaintegratedcollege.org)

Principal: Steve Pagan BA (Hons), MA (Oxon), NPQH

Dear Principal,

I have read the college's medical policy and wish to request that the following arrangements be made available to my child from now until such time as you receive written cancellation from myself.

(Please complete giving details where appropriate. You may attach a written letter to this form).

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Medication \_\_\_\_\_

Dose \_\_\_\_\_

Frequency \_\_\_\_\_

Storage \_\_\_\_\_

Parents must supply the medication in the original packaging with pharmacy typed instructions attached. I undertake to notify the college of any changes in the above information.

Signed \_\_\_\_\_ (Parent/Guardian)

Date \_\_\_\_\_

Please return the completed form to: The Principal, Shimna Integrated College, The Lawnfield, Kingstreet, Newcastle, BT33 0HD.