



Shimna Integrated College

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

MEDICAL POLICY PARENTAL MEDICAL REQUEST FORM

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 _____

Reason for Medication _____

Dose _____

Frequency _____

Storage _____

Parents must supply the medication in the original packaging with the student's name and pharmacy typed instructions attached.

I undertake to notify the college of any changes in the above information.

Signed _____ (Parent/Carer)

Date _____