



Shimna Integrated College

The Lawnfield
King Street
NEWCASTLE
BT33 0HD

Telephone No: 028 437 26107

Fax No: 028 437 26109

Principal: Kevin Lambe B.A. (Hons.), M.Ed., Dip Ed.

MEDICAL POLICY

PARENTAL MEDICAL REQUEST FORM

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.