

REQUEST FOR STAFF TO ADMINISTER MEDICATION ON SCHOOL RESIDENTIAL TRIP

Please complete and sign this form if your child needs medication while we are away.

DETAILS OF PUPIL

Surname:

Forename(s):

Condition or illness:

MEDICATION

Name/Type of Medication:

(as described on the container)

Date dispensed:

FULL DIRECTIONS FOR USE:

Dosage and method:

Timing:

Special Precautions:

Side Effects:

Self-Administration:

Procedures to take in an emergency:

.....

.....

Date: Signature:

Relationship to pupil:

We will be taking a bottle of Calpol 6+ with us. If your child is slightly unwell, please sign below if you are happy for us to administer this. We will try to ring you before we give any Calpol 6+ to inform you.

I am happy for the staff to administer Calpol 6+ to my child if necessary.

Name of Child:

Date: Signature:

Relationship to pupil: