

Administration of Medicine during Residential Trip

***** This form is to be handed in with any required medication to Miss Mills on Thursday 18th April at 8:30am outside reception. *****

The school will not give your child medicine unless you complete and sign this form. All medication must be in its original box with the child's name on. We will not exceed the dose stated on the instructions. **If your child needs more than one type of medication, a separate form must be completed for each.**

DETAILS OF PUPIL

Surname _____

Forename _____

Class _____

Condition or illness _____

MEDICATION

Name of Medication (as described on the container) _____

Date Dispensed and Expiry Date _____

Dosage and method (how much and when) _____

When is it taken (Time of day) _____

Special Precautions (eg before or after food) _____

CONTACT DETAILS

Name _____

Daytime Telephone _____

Relationship to pupil _____

Parent Signature _____

Print Name _____

