



Administration of Medication on School Visits

Please complete for each item of medication (additional forms are available from the School's website in the 'Parents' menu, under 'Useful Documents')

Student Name:	Form:	Visit	
Medical Condition or Illness for which the medication below has been prescribed:			
<u>This medication MUST be administered as instructed:</u>		Dosage	Frequency
Name and Type of Medication			
<u>This medication MAY be administered as and when required:</u>		Dosage	Frequency
Name and Type of Medication			
Are there any side effects of which responsible staff should be made aware? Yes/No If yes, please specify:			

I understand that the medication can be handed in to Mrs S England in Pupil Reception in advance of the trip if possible, or given to the nominated member of staff at the time of departure.

I understand that I must notify any change to the nominated member of staff at the time of departure.

Signature: (Parent/Carer)

Date:

