



## Administration of Medication on School Visits

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

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

I understand that the medication can be handed to Mrs P Lillywhite 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: .....

