CONSENT TO ADMINISTER MEDICINES- RESIDENTIAL TRIPS
PLEASE BRING THIS COMPLETED FORM WITH THE MEDICINES TO THE TABLE AT THE BACK OF THE HALL
ON MONDAY 21st September, 9AM

The school staff will not give any medication unless this form is completed and signed.
Dear Head Teacher,

I request and authorise that my child:

Name:…… Date of Birth:……..

Address:……

Contact number:…… Child's Class:……..

is given the following medication/can give themselves the following medication (including travel sickness pills).

Name of medicine:…… Required for : …….. (condition)

Time to be administered: …….. Dose to be administered : ……..

I confirmed that it is necessary to give this medication to my child and that three doses of this medication have been previously taken by my child with no adverse reactions.
The medication must be clearly labelled indicating the contents, dosage and child's full name.

Signed:……(Parent/Guardian) Date:……..

Date	Time	Dose	Administered by	Child's signature