

Consent regarding medicines on school trips.

Name of trip.....

Name of child..... Class

1. Type of medication.....

Dosage required.....

2. Type of medication.....

Dosage required.....

Medication will be given by a member of our school staff or self-administered by the child.

School staff will keep medication safely.

School staff will do everything that they can to ensure that doses are given, but will not be held responsible if a dose is missed.

I have read the above information and agree to the terms required.