



REQUEST FOR STUDENT TO CARRY OWN MEDICATION WHILST ON A SCHOOL TRIP

Student Name: Date of Birth:

Condition/illness:

Medication Details

Name of Medication (as described on container): Dosage:

For how long will the student require the medication?

Procedures to be taken in an emergency:

In the case of a student who suffers from severe asthma it is strongly recommended that a spare inhaler is brought into school.

I would like my son/daughter to keep his/her medication on him/her for use as necessary.

Name:

(Please print)

Signature:

Date:



REQUEST FOR SCHOOL TO ADMINISTER MEDICATION WHILST ON A SCHOOL TRIP

Netherthorpe School will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

Student Name: Date of Birth:

Condition/illness:

Medication Details

Name of Medication (as described on container): Duration that medication is required:

Full directions for use

Dosage and timing: Method of administration:

Self-Administered: Yes No

Procedures to be taken in an emergency:

I allow/do not allow for my child to carry the medication upon themselves (delete as appropriate)

I undertake to update the school with any changes in routine, use of dosage or emergency medication and to maintain an in date supply of the prescribed medication.

I understand that the school cannot undertake to monitor the use of self-administered medication of that carried by the child and that the school is not responsible for any loss of/or damage to any medication, or for use other than as prescribed.

I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near the child at all times.

I understand that staff may be acting voluntarily in administering medicines to children.

I understand that I must deliver the medicine personally to and accept that this is a service that Netherthorpe School is not obliged to undertake.

Name: Signature:

(Please print)

Date: