

RAVENSDALE JUNIOR SCHOOL

PARENTAL CONSENT FOR ADMINISTRATION OF MEDICINES DURING RESIDENTIAL VISITS

TO BE COMPLETED BY THE PARENT/GUARDIAN OF ANY CHILD REQUESTING THAT DRUGS BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF WHILE ON A SCHOOL RESIDENTIAL VISIT.

All pupils will be supervised when taking medication.

Trip _____ **Dates** _____

Named staff _____

Please complete in block letters

Name of Child: _____ Date of Birth _____

Address: _____

Doctor's name and Contact No. _____

A. I give permission for my child to be administered with the following non-prescribed medicines (at the dosage recommended for their age) at the discretion of the trip leader or other member of staff named above. I agree that the school may supply the stated medicine.

Medication	Standard Dosage	Tick if permission given
1. Calpol 6+ (250mg paracetamol/5ml)	2x5ml (max 4 times per day)	_____
2. Paracetamol Caplets (500mg)	1 caplet (max 4 caplets per day)	_____
3. Travel Sickness tablets (Kwell's Kids 150mg)	1 Tablet (max 3 tablets per day)	_____

My child *does / does not normally require travel sickness medication.

* Delete as applicable

(If you prefer to send in your own travel sickness medication please give details under section B overleaf)

B. I would like the school staff, named above, to administer the following medicines which I will supply.

Non-Prescribed Medicines (eg. Travel sickness pills)

Please note that any inhalers previously supplied to school will be taken on the trip along with the current instructions held in school. **Please tick the box if your child has an inhaler.** []

Prescribed Medicines

The doctor has prescribed the following drugs/medicines for my child:

Name of Drug to be given and storage instructions	When? (eg. Lunchtime, after food)	How much? (eg 2 spoons or 1 tablet)	Route? (eg. By mouth or in each ear)
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I undertake to supply the school with the above drugs and medicines in the original duplicate labelled containers, provided by the Dispensing Chemist.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I can be contacted at the following address/ telephone during the trip:

Name: _____ Signed: _____ Date: _____

Contact Address: _____
