

Medication Form

Please complete this form and bring it with your child's medication on the day of the trip. It would be helpful if medication was labelled and in a clear sealed bag.

Child's name _____

This form is correct to my knowledge, and I give consent for a leader to give my child this medication when it is needed.

Signed _____ **parent / carer**

Medication 1

Name _____

When is it to be taken? _____

How much is to be taken? _____

Notes

Medication 2

Name _____

When is it to be taken? _____

How much is to be taken? _____

Notes

Medication 3

Name _____

When is it to be taken? _____

How much is to be taken? _____

Notes