**Parental Request for Student to Carry Medicine for Trip**

This form must be completed by the parent/carer*.*

**Medicines must be carried in their original packaging with the information leaflet and the dispensing label attached**

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| **Date for Review to be initiated by AHS** | **SEPTEMBER 2023** | | |
| **Trip** |  | | |
| **Name of Student** |  | | |
| **Date of Birth** |  | **Tutor Group** |  |
| **Medication to be carried** |  | **Controlled Drug** | Yes/No |
| **Adult Assistance Required** | Yes/No\* | **\*If Yes this must be handed to Trip lead at beginning of Trip** | |
| **Completed Health Care Plan for condition** | Yes / No | | |

|  |  |
| --- | --- |
| **Medicine** | |
| **Name of Medicine (as described on the container)** |  |
| **Dosage and Method**  **Timing of medication** |  |
| **Side Effects** |  |
| **Procedures to be taken in an Emergency** |  |

|  |  |
| --- | --- |
| **Contact Details** | |
| **Name** |  |
| **Telephone number** |  |
| **Relationship to child** |  |
| **Address** |  |

In signing this document I am requesting that the trip leaders be aware that I would like my child to keep their medicine on them for use as necessary.

Please tick one of the following:

* The student is aware that this medication is for their sole use, should be kept safely at all times, they are competent in storing and taking medication on their own
* Adult assistance is required & this medication must be handed over to the trip leader

Signature (s)……………………………………….. (parent/carer)

Signature ……………………………………….. (student)

Date…………………………………………………….