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

This form must be completed by the parent/carer*.* Once complete, please send it to Matron at least 2 **weeks** before the trip departs. Matron will then ensure this is then passed to the trip leader.

**Medicines must be handed in to the trip leader in their original packaging with the information leaflet and the dispensing label attached.**

**ALL MEDICATION MUST BE HANDED TO THE TRIP LEADER APART FROM EMERGENCY MEDICATION SUCH AS ASTHMA INHALERS AND EPIPENS**

| **Name of Trip** |  | | |
| --- | --- | --- | --- |
| Date of Trip |  | | |
| Trip Leader |  | | |
| Name of Student |  | | |
| Date of Birth |  | Tutor Group |  |
| Medication |  | Controlled Drug | Yes / No |
| Adult Assistance Required | Yes / No |  | |
| 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 |  |

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

Signature …………………………………………. (student)

Date…………………………………………………….

PLEASE NOW SEND THIS COMPLETED FORM TO MATRON **(**[**kwilliams@ahs.bucks.sc.uk**](mailto:kwilliams@ahs.bucks.sc.uk)**)**

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