Long Lane Primary School - Medication Form for Residential Trips.

Child's Name				ClassYEAR 6 (2018)					
This form MUST be returned to school on the day of departure even if your child is not on any prescribed medication.									
Known allergic reactions (Medications)				Yes/No					
Please complete Part A with details of medications prescribed by the GP.									
riease co	implete Part A with details of me	edications prescribed by	tile Gi	•					
Part A	Condition			Medication		Dose/ instructions			
1.									
2.									
3.									
4.									
Dloaco co	mplete Part B with details of an	y 'avar the counter' may	dicatio	n /o a travol nilla nainki	lore croams (	atc \			
riease co	implete Fart B with details of all	y over the counter the	uicatio	ii (e.g. travei pilis, paliiki	iers, creams, e	etc.)			
Part B	Condition	Med	dication	1	Dose/ instructions				
1.	Headache etc	Calp	ol			nufacturer's recommended dosage			
2.									
3.									
4.									
I request that the medications listed above be administered to my child as per my instructions and have provided it in the original packaging within a named container / food bag.									
Signed Print Name Print Name									
			1						

Long Lane Primary School - Medication Form for Residential Trips.

## To be completed by member of staff responsible for medications on trip

Part C	Medication	Given by	Checked by	Date and Time