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

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

**UNLESS PARENTAL PERMISSION IS GIVEN FOR STUDENTS TO CARRY THEIR OWN MEDICATION ALL MEDICATION MUST BE HANDED TO THE TRIP LEADER APART FROM EMERGENCY MEDICATION SUCH AS ASTHMA INHALERS AND EPIPENS**

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

| **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 | | |
| I give permission for the above named student to carry their own medication. They will not share it with any other students. | 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 Mrs Randall **(krandall@ahs.bucks.sch.uk)**

**REMINDER:** ALL MEDICATION MUST BE HANDED TO THE TRIP LEADER APART FROM EMERGENCY MEDICATION SUCH AS ASTHMA INHALERS AND EPIPENS UNLESS PARENTS HAVE GIVEN PERMISSION FOR THE STUDENT TO CARRY IT FOR THEIR OWN USE ONLY.