**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 MethodTiming 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.sch.uk****)**

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