

EASEBOURNE CE PRIMARY SCHOOL

Template H – Consent to administer non-prescribed medication on a Residential Visit

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. Whilst away if your child feels unwell the school staff may wish to administer the appropriate non-prescription. Please do not hesitate to contact the school if there are any issues you wish to discuss.

Pupils Name	D.O.B
Gender	Year/Tutor Group

If your child develops the relevant symptoms during the residential visit, with your consent they will be given a standard dose suitable to their age and weight of the appropriate non-prescribed medication. If symptoms persist medical advice will be sought and if necessary the emergency services called. You will be informed when the school has administered medication on our return by email/text

The school will hold a small stock of the following medicines:

☐ Paracetamol (Calpol 6+)

~~Ibuprofen (pupils age 12+)~~ NOT APPLICABLE

☐ Anti-histamine (Piriteze)

Please TICK the non-prescription medications that you give your consent for the school to administer from their stock during the residential visit.

If you would like your child to be given travel sickness medication **please supply medication** suitable for their age and weight in its original packaging with the patient information leaflet

☐ Travel sickness

I give my consent for the medications ticked above to be administered by the school from their stock and confirm I have administered them to my child in the past without adverse effect.

Signature(s) Parent/Guardian

Date

Print name