



## MEDICAL CONSENT FORM FOR CONDITIONS OCCURRING DURING A RESIDENTIAL TRIP AND THE ADMINISTRATION OF NON PRESCRIBED MEDICATION (Holt Hall September 2016)

Child's Name: \_\_\_\_\_ Form: \_\_\_\_\_

The following medication will be carried by the trip first aider. Please tick yes or no to indicate your consent:

Medication	Reason	Yes	No
Paracetamol liquid/tablets	period pains, headaches, fever / high temperature, sore throats		
E45 cream	Sunburn / heat rash		
Cetirizine 10mg – non drowsy antihistamine	insect bites, nettle stings or nettle rash, mild allergic reaction		
Kwells for Kids	Feeling unwell during the journey / vomiting due to travelling		

Please complete the following table with details of any prescribed medication your child will need during the overnight trip.

**The medication must be delivered to the trip first aider with the completed form**

Medication	Condition for which it is prescribed	Time and dosage details

Parent's name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_