



## MEDICAL CONSENT FORM FOR CONDITIONS OCCURRING DURING AN OVERSEAS RESIDENTIAL TRIP

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 (Hyoscine Hydrobromide 300micg) tablets, half to one tablet Reason: feeling unwell during the journey/vomiting due to travelling Note: <b>Not suitable for children with epilepsy; may cause drowsiness.</b>	Feeling unwell during the journey / vomiting due to travelling		

Please complete the following advanced passenger information for your child:

Full name as it appears in passport:	
Date of Birth:	
Passport Number:	
Nationality:	
Country of passport issue:	
Country of residence:	
Passport start date:	
Passport expiry date	

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

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