



MEDICINE FORM (I) - AMENDED MEDICAL CONSENT FORM FOR THE ADMINISTRATION OF PRESCRIBED MEDICINE

Please complete the following table with details of any prescribed medication your child will need during the residential trip, it will then be signed by the trip first aider on administration of the medicines listed. Medication must be delivered to the trip first aider with the completed form on the morning of departure in a labelled clear plastic bag.

Pupil Name:

Medication	Condition for which it is prescribed	Date	Time	Dosage	Name of administrator	Witness

Name of Parent:

Signature of Parent:

Date: