



TOWN CLOSE SCHOOL

NORWICH'S FINEST PREP SCHOOL • FOR GIRLS & BOYS • 3-13 YEARS

MEDICINE FORM (I) MEDICAL CONSENT FORM FOR CONDITIONS OCCURRING DURING A RESIDENTIAL TRIP AND THE ADMINISTRATION OF NON PRESCRIBED MEDICATION

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: Not suitable for children with epilepsy; may cause drowsiness.	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: _____