



Administration of Medicines & Treatment Consent Form
Non-prescription/Prescription medication
(for controlled medicines please contact the School for guidance)

Name of Child	
Date of Birth	
Trip Name	
Trip Dates	

Please sign below to indicate you agree with the following two statements:

- My child will be responsible for the self-administration of medicines as directed below.
- I recognise that school staff are not medically trained.

Signature of parent or carer	
Date of signature	

Name of Medicine	Required Dose	Frequency	Course Finish	Medicine Expiry

Special Instructions	
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This form should accompany any non-controlled medicines that you would like your child to carry on a Robert May's School trip.

On day of departure please hand all medicines and this signed form to the lead teacher for safekeeping.