Residential visits and out-of-school activities

For pupils with medical conditions at school



Contact details

Name	The school will not give your child medication unless you complete and sign this form. Please complete this form for medication that your child will need on the visit no earlier than seven days before the start of the visit. For more than two types of medication repeat page f5.2. This form will be attached to the Healthcare Plan and taken on the visit.
Relationship to pupil	
Phone (day)	Name of school
Mobile	Date(s) of visit
	Visit destination
Phone (evening)	
	Group/class/form
Address:	Name of pupil
	Date of birth
	Medical condition/illness

Postcode

Medication 1

Name/type of medication (as described on the container)

Medication 2

Name/type of medication (as described on the container)

Expiry date	Expiry date
Dose and method	Dose and method
When is it taken	When is it taken
Are there any contraindications (signs when medication should not be given)	Are there any contraindications (signs when medication should not be given)
Are there any side effects that the school/setting needs to know about?	Are there any side effects that the school/setting needs to know about?
Self-administration Yes No Yes with supervision by (staff member below):	Self-administration Yes No Yes with supervision by (staff member below):
What to do in an emergency	What to do in an emergency

Please provide any other information that the school needs to be aware of regarding your child's medical condition and recent health before the residential visit or out-of-school activity:

s your child well enough to attend the visit?	
I understand that I must deliver the medi	ication personally to:
Agreed member of staff	
Signature(s) (parent)	Print name
Date	