

Medication form
Brenscombe Residential Trip 2019 Y6 Tolkien

Please fill in and return on MONDAY 17TH JUNE and not before. Even if your child is not taking any medicines on the trip, please complete the section below re: Calpol.

Please attach the form to the medicine with an elastic band or put everything in a small plastic bag.

Child's name:.....

I have listed the medication which my child needs to take regularly, including travel sickness tablets.

I have ensured that all the medication is in date and appropriately labelled with my child's name and information of dosage.

I authorize you to give my child Calpol, if necessary, whilst on the trip.

Delete: Yes/No Signed.....Parent/Carer

Name of medication	Time of day am/pm	Amount of medication to be taken – ml spoon	Other comments/ information

SignedParent/ Guardian of