



## **MEDICATION CONSENT FORM - TRIPS**

**MEDICATION MUST BE CLEARLY LABELLED: STUDENT NAME, REASON FOR MEDICATION, DOSAGE & FREQUENCY.**

**MEDICINES MUST BE IN THEIR ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY AND PROVIDED TO SCHOOL IN A TUPPERWARE OR CLEAR BAG.**

**COMPLETED FORM/MEDICATION TO BE HANDED BY PARENT/CARER TO THE MAIN RECEPTION AHEAD OF THE TRIP.  
MEDICATION MAY ALSO BE HANDED TO THE TRIP LEADER/FIRST AIDER ON THE DAY OF THE TRIP, IF NECESSARY.**

### **SECTION 1 - This section to be completed by Parent/Guardian**

#### **PARENT/GUARDIAN CONSENT**

FULL NAME OF CHILD \_\_\_\_\_

D.O.B \_\_\_\_\_

I request and give permission for trained school staff to administer to the above child the medication indicated below.

I confirm that these medications have been administered to my child before, with no adverse effect.

My child is known to have the following allergies - (please give details):

\_\_\_\_\_

NAME OF PARENT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **SECTION 2 – Details of Medication to be completed by Parent/Guardian**

MEDICATION NAME/TYPE	STRENGTH	DOSE	METHOD	TIME / FREQUENCY	Any additional info / precautions

**Medication needed for (medical condition or illness):**

\_\_\_\_\_  
\_\_\_\_\_

**Possible side effects:** \_\_\_\_\_

### **SECTION 3 – To be completed by The Cornerstone Academy staff, trained in medication administration.**

Date medication received: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOLLOWING THE TRIP, MEDICATION WILL BE HANDED BACK TO PARENT/CARER.  
WE CANNOT SEND MEDICATION HOME WITH STUDENTS.**

[illegible]



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The best in everyone™  
Part of United Learning

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