

YEAR 6 TRIP TO HILLTOP 4th – 6th June 2025

CONSENT FORM FOR ADMINISTRATION OF MEDICINE:

*Please complete this form and bring it along with ALL medication **on the day of departure** (Wednesday 4th June) Please note- only complete it if your child will require medication.*

Name_____

Address_____

Name, address and telephone number of G.P.

The above named child is identified as having:

I agree to members of staff overseeing the administration of medicine/administering medicines/providing treatment to my child as directed or in case of emergency as staff consider necessary.

Signed (Parent/Carer)_____ Date_____

Medication	Dose	When to be given (specify days and approximate time or before/after eating etc.)	Expiry Date on Medicine

Whilst the school undertakes to see that your child receives the correct dose of medication at the right time, no member of staff can be held responsible if it is inadvertently forgotten. If any information on this form changes it is the responsibility of the parent/carers to ensure the information is updated. It is also the responsibility of the parent/carers to ensure that any medication provided is within the "shelf life" and that it is disposed of at the end of the treatment.

Signed (parent/carers)_____ Date_____