

Residential visits and out-of-school activities

For pupils with medical conditions at school



Contact details

Name _____

Relationship to pupil _____

Phone (day) _____

Mobile _____

Phone (evening) _____

Address: _____

Postcode _____

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 I-Healthcare Plan and taken on the visit.

Name of school _____

Date(s) of visit _____

Visit destination _____

Group/class/form _____

Name of pupil _____

Date of birth _____

Medical condition/illness _____

Medication 1

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

Expiry date

Dose and method

When is it taken

Are there any contraindications
(signs when medication should not be given)

Are there any side effects that the school/setting
needs to know about?

Self-administration Yes No
 Yes with supervision by (staff member below):

What to do in an emergency

Medication 2

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

Expiry date

Dose and method

When is it taken

Are there any contraindications
(signs when medication should not be given)

Are there any side effects that the school/setting
needs to know about?

Self-administration Yes No
 Yes with supervision by (staff member below):

What to do in an emergency

