Birch Hill Primary School

Manor Adventure

Medication Notification Form

Only fill in this form if medication needs to be administered.

ON THE DAY OF DEPARTURE bring this form and the medication required and give to the child's Group Leader

I would like my child to be given the following medication during the time he/she is on the school trip.

Name of Medication	Dosage	Time of day
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please remember to include details of inhalers and travel sickness tablets.)

I give my permission for the above medication to be given to my child during the school journey.

Signed Parent/Guardian _____

Date _____

Name of Child (Print) _____