#  Medication Consent Form Beckfoot Trust Logo (cropped)

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| **First Name:**  | **Surname:** | **D.O.B:**  |
|  | **School:** | **Year Group:**  |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*person with parental responsibility*) give permission for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*child’s name*) to receive the following medication whilst on residential trip.  |
| **Name of medicine** | **Dose to be given** | **Route to be given (e.g., orally, topically, via gastrostomy, etc.)** | **Time to be given** |
|  |  |  |  |
| **This medicine will be given as prescribed by an appropriately trained member of staff while your child is on the residential trip.** |
| **Parent/Carer Signature** | **Date:** |